
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- Article 19 — SPECIAL SERVICES
- 19A — INDIVIDUALS ON RESTRICTED SERVICE STATUS DUE TO PROGRAM ABUSE
1. Background
 2. DDS Responsibilities
 3. County Welfare Department Responsibilities
 4. Persons Affected
 5. County Preparation and Submission of MC 177 Forms
 6. Issuance of Appropriate Medi-Cal Card
- 19B — THIS SECTION HAS BEEN REMOVED FROM ARTICLE 19 AND INCORPORATED INTO ARTICLE 4V, MINOR CONSENT MEDI-CAL SERVICES, EFFECTIVE OCTOBER 24, 1995
- 19C — LIMITED SERVICES FOR MEDICALLY INDIGENT ADULTS IN SNF/ICF
1. Background
 2. County Welfare Department Responsibilities
 3. Retroactive Eligibility
 4. Medi-Cal Identification Card
- 19D — HOME AND COMMUNITY-BASED WAIVER PROGRAMS
- I. Background
 - II. Overview
 - III. Waiver Types
 - IV. Description
 - V. General Processing
 - VI. Forms

MEDI-CAL ELIGIBILITY MANUAL

19A — INDIVIDUALS ON RESTRICTED SERVICE STATUS
DUE TO PROGRAM ABUSE

1. BACKGROUND

The Department of Health Services (DHS) has developed procedures to identify and resolve Medi-Cal program abuse by beneficiaries. Beneficiaries who seek out and repeatedly obtain unnecessary services are issued special Medi-Cal identification cards to notify providers that prior authorization is required for certain services. Limitations on the beneficiaries' Medi-Cal coverage will remain in force for a minimum of one year unless altered by DHS or a state hearing decision.

2. DHS RESPONSIBILITIES

The DHS:

- a. Identifies beneficiaries to be put on restricted status through review of beneficiary Medi-Cal service histories. This involves a computerized selection process and a professional medical case review for selected patients.
- b. Prepares and sends Notices of Action (MC 1705) to the beneficiary at least ten days before the restricted service status becomes effective.
- c. Furnishes a copy of the written Notice of Action of the beneficiaries' restricted service status to the county prior to the first of the month in which the restriction becomes effective.
- d. Issues Medi-Cal identification cards to the beneficiary with "restricted service" notations on the card. Currently, these messages are:
 - (1) Restricted Drugs, coded "R1".
 - (2) Restricted Scheduled Drugs, coded "R5".
 - (3) Restricted M.D. Visits, coded "R11".
 - (4) Restricted Drugs/M.D., coded "R12".

MEDI-CAL ELIGIBILITY MANUAL

- (5) Restricted to Primary M.D., coded "R14".
- (6) Restricted to Primary M.D./Drugs, coded "R15".
- e. Provides each responsible county with a monthly report of all individuals, including Supplemental Security Income/State Supplementary Payment (SSI/SSP), who are on restricted service status.
- f. Reviews and, if appropriate, authorizes all Medi-Cal drug and/or M.D. visit requests for the beneficiary. (Providers have been informed by provider bulletin that prior departmental approval is required by the special coding indicated on the Medi-Cal identification cards.)

3. COUNTY WELFARE DEPARTMENT RESPONSIBILITIES

The county welfare department is responsible for:

- a. Referring to the monthly listing (Limited Service Status Register (LSSR)) issued by DHS when processing requests for replacement/supplemental Medi-Cal cards for SSI/SSP beneficiaries, and for all other Medi-Cal beneficiaries in the event of the MEDS system being inoperational.
- b. Accepting and forwarding requests for state hearing from persons who want to appeal their restricted service status. Restricted service beneficiaries may request a state hearing within 90 days of the initial action by DHS. Restricted service status shall not be lifted because of the hearing request.

4. PERSONS AFFECTED

Restricted service beneficiaries may include any Medi-Cal beneficiary. If a member of a multiperson Medi-Cal Family Budget Unit (MFBU) is put on restricted service status, this will not affect the status of the other family members of the MFBU.

5. COUNTY PREPARATION AND SUBMISSION OF MC 177 FORM

Counties need not make any special notations on the MC 177 forms of persons on restricted service status in order to have the special restricted service Medi-Cal card generated. Input from DHS is stored in the MEDS computer file which is used to generate share-of-cost Medi-Cal cards.

MEDI-CAL ELIGIBILITY MANUAL

19C -- LIMITED SERVICES FOR MEDICALLY INDIGENT ADULTS IN SNF/ICF

1. BACKGROUND

AB 799 (1982), as modified by SB 2012 (1982), mandated the State to discontinue the medically indigent adult (MIA) category, with a few exceptions, from the Medi-Cal program and to transfer responsibility for the health care of those persons to the counties effective January 1, 1983.

One of the exceptions to the discontinued MIAs is the category of MIAs residing in a skilled nursing facility (SNF) or intermediate care facility (ICF) who are identified by the Aid Code 53. While a MIA is a resident of an SNF/ICF, he/she is entitled to all benefits normally covered by Medi-Cal. However, should that MIA beneficiary become an inpatient at an acute care hospital, any service rendered during that hospital stay will not be covered by the Medi-Cal program.

2. COUNTY WELFARE DEPARTMENT RESPONSIBILITY

If an MIA beneficiary in an SNF/ICF (Aid Code 53) becomes an inpatient at an acute care facility, the Medi-Cal program will deny payment for any acute care hospital services. Therefore, an evaluation or referral must be initiated by the county welfare department or other responsible agency to determine possible eligibility for county medical assistance for those services not covered under the Medi-Cal program.

An MIA beneficiary may have concurrent Aid Code 53 Medi-Cal coverage and county medical assistance in any month in which medical services were received in both an SNF/ICF and an acute care facility. In addition, should a disability evaluation subsequently be approved, Aid Code 53 should be changed to a disabled aid code category effective with or retroactive to the disability onset date.

EXAMPLE: Mr. Smith, age 58, enters an SNF on February 7 as an MIA. Mr. Smith falls on February 12, injures himself, and is sent by ambulance to the hospital for acute care. On February 15, Mr. Smith is returned to the SNF where he remains until his release on March 25.

MEDI-CAL ELIGIBILITY MANUAL

Benefits covered by Medi-Cal for February (assuming medical necessity is established for all services) include any outpatient services received by Mr. Smith during the month of February; the care he received in the SNF from February 7 to 12, February 15 to 28, and March 1 to 25; ambulance service; bed-hold at the SNF for a maximum of seven days during Mr. Smith's stay in acute care; and any other care (e.g., pharmaceuticals, therapy) provided to Mr. Smith while he was in the SNF.

Services received during Mr. Smith's stay at the acute care hospital are not covered by Medi-Cal, including the services of his physicians, podiatrists, or dentists, even though Mr. Smith remained on Medi-Cal for the entire month of February. Evaluation for possible county medical assistance should be done for those expenses incurred while Mr. Smith was in the acute care facility. Mr. Smith receives a March Medi-Cal card because of his continued residence in the SNF. He also receives an April Medi-Cal card since there was insufficient time for the county to issue a Notice of Action for discontinuance after his release from the SNF on March 25.

3. RETROACTIVE ELIGIBILITY

MIAs may be eligible for retroactive eligibility if both of the following conditions are met:

- a. The MIA resided in an SNF/ICF for one day or more during the month of application, AND
- b. The MIA resided in an SNF/ICF for one day or more during the retroactive month(s) for which Medi-Cal coverage is requested.

The retroactive month(s) are also coded with Aid Code 53, and the same services are covered in the retroactive month(s) as in the current month of eligibility.

4. MEDI-CAL IDENTIFICATION CARD

Aid Code 53 identifies a recipient as eligible for Medi-Cal benefits limited to services (outpatient or inpatient) received while residing in an SNF/ICF. County welfare departments need not input any special code to indicate eligibility to limited services. The Medi-Cal identification card for Aid Code 53 contains the following restriction message:

"Services to acute hospital inpatients are not covered."

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

19D -- HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS

I. BACKGROUND

Section 1915(c) of Title XIX of the Social Security Act, Section 14132(s) of the Welfare and Institutions Code, and Section 51346 of Title 22, California Code of Regulations permits states to request waivers of otherwise applicable federal law in order to provide certain services to persons at home or in the community as a cost neutral alternative to institutionalized health care, provided such non-institutional services meet the health and safety needs of the beneficiary. The goal is that the beneficiary will experience an enhanced and enriched quality of life if allowed to return home or to the community. The Department of Health Services (DHS) currently has six such waivers in effect.

Congress also authorized Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for eligible individuals under 21 years of age. EPSDT is a Medi-Cal benefit that requires that states provide medically necessary screening, vision, hearing, and dental services to Medi-Cal beneficiaries. One of the services that may be provided is licensed skilled nursing in the home. Therefore, Medi-Cal eligible children who are institutionalized will now be able to return home from institutionalization or those who are home can remain at home because they can receive additional medical services under the EPSDT program if certain criteria, including cost effectiveness, are met. It is no longer necessary that all children be in a waiver to receive expanded benefits if the child has a zero share of cost (SOC) under regular Medi-Cal income/property rules. The Section 19-D procedures apply, however, if a waiver is required.

Assembly Bill (AB) 2779, Chapter 329, Statutes of 1998, provides for the expansion of the Personal Care Services Program (PCSP) to the aged, blind or disabled medically needy. Prior to this, PCSP was offered to categorical and mandatory Medi-Cal coverage groups (e.g., Supplemental Security Income (SSI) recipients, Pickle beneficiaries, CalWORKs and Section 1931(b) recipients and pregnant women or children in the federal poverty level programs who meet the criteria for this program).

PCSP provides the following services:

- Assistance to ambulate
- Bathing, oral hygiene, dressing, and grooming
- Care and assistance with prosthetic devices
- Bowel, bladder and menstrual care
- Repositioning, range of motion exercises and transfers
- Feeding and assurance of adequate fluid intake
- Respiration
- Paramedical services
- Assistance with self-administration of medications
- Ancillary services e.g., meal preparation, laundry, shopping and domestic services (these are only offered if other basic PCS are provided).

PCSP is a component of the In-Home Supportive Services (IHSS) program that also includes the IHSS-residual program, but unlike the IHSS-residual program, PCSP is a Medi-Cal benefit.

The IHSS-residual program and PCSP have some differing requirements. Unlike the IHSS-residual program, PCSP does not allow a parent of a minor child or a spouse to be the care provider. Even though the Medi-Cal Home and Community-Based Services (HCBS), Multipurpose Senior Services

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Program (MSSP), and Department of Developmental Services (DDS) waivers (as described later in these procedures) disregard parental income and resources and also apply spousal impoverishment provisions, the IHSS-residual program does not. Therefore, a beneficiary who is ineligible for the IHSS-residual program solely because the IHSS-residual program counted parental income and resources or did not apply the spousal impoverishment provisions can receive PCSP if otherwise eligible.

II. OVERVIEW

If the applicant is in a waiver that uses special eligibility rules and he/she has been determined medically eligible or potentially medically eligible for a particular waiver, the agency responsible for the waiver will refer the applicant to the county contact for a Medi-Cal determination if he/she is not already receiving Medi-Cal with no monthly share of cost. Depending on the circumstances, this determination may be initiated while the applicant is still institutionalized or in a living arrangement different from the setting covered by the waiver.

Those persons who are applying for waivers that do not follow special eligibility rules, (Acquired Immune Deficiency Syndrome Waiver) or persons who do not or would not have excess property or a monthly share of cost using regular Medi-Cal rules will not be referred to a special county waiver contact person. If these persons are not already receiving Medi-Cal, they may apply for Medi-Cal like any other applicant.

The following procedures describe the process counties are to follow in determining Medi-Cal eligibility.

A. Medi-Cal Eligibility Waiver Determination -- Overview

There are several factors counties must consider such as the following:

1. Whether eligibility is to be based on regular Medi-Cal rules or special Medi-Cal rules depending on the type of waiver that the applicant will be in. Persons already Medi-Cal eligible without a share of cost may be eligible for some of these waivers without any special eligibility determination.
2. Whether the determination is based on anticipated circumstances or on actual circumstances (i.e., the current living arrangement is appropriate for the waiver and the referring agency already has determined it medically appropriate for the applicant to be in the waiver).
3. Whether the individual is a new applicant or a beneficiary with a change in circumstances.

- New Applicant:

If the waiver applicant is not currently receiving Medi-Cal, he/she must complete an Application for Public Assistance and a Statement of Facts and meet all other requirements. The individual who is not currently receiving Medi-Cal will need an initial Medi-Cal eligibility determination based on his/her anticipated living situation. If the applicant has a parent or spouse in the home, the major concern is usually whether he/she will be eligible or have a high SOC due to parental or spousal income or excess property.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Therefore, individuals who are interested in leaving an institution and are applying for Medi-Cal and additional in-home services under a waiver need to know about their eligibility should they return home, e.g., whether they will be Medi-Cal eligible or have a SOC.

- **Beneficiary with a Change in Circumstances:**

In some cases, the waiver applicant will be institutionalized and Medi-Cal eligible as an institutionalized individual prior to a referring agency contacting the CWD; however, depending on the waiver and circumstances, many persons may already be de-institutionalized prior to requesting an eligibility determination. Some may have never been institutionalized but have a high SOC or are in jeopardy of becoming institutionalized because their insurance is being terminated.

If the waiver applicant is currently receiving Medi-Cal-Only, the individual's move from an institutional setting to a non-institutional setting or from one community setting to another community setting generally will be treated by the county as a change in circumstances rather than a new application.

If an aged, blind, or disabled person is currently institutionalized and is already receiving Medi-Cal, he/she is likely to be in his/her own Medi-Cal family budget unit (MFBU) or may be receiving Supplemental Security Income (SSI) and automatic SSI-based Medi-Cal. A new eligibility determination based on a non-institutional living arrangement is required prior to the person being discharged either to the home of his/her spouse or parents or to a community setting to ensure continuing Medi-Cal eligibility and receipt of waiver services. NOTE: Some people may not lose Medi-Cal, may not have a share of cost or will continue on SSI and SSI-based Medi-Cal upon returning home because the family income/property is below the Medi-Cal or SSI limit. Persons who continue to be or are eligible for SSI or qualify for a zero SOC Medi-Cal because the family income/property is below the limit do not need to be determined using special eligibility rules for the HCBS, MSSP, or DDS waivers.

B. County Contact

Each county shall designate a waiver contact person. The county waiver contact person will receive the request for a Medi-Cal eligibility determination from the referring agency, coordinate the Medi-Cal eligibility determination, and answer questions about the program even though the actual determination may be made by other county staff. The contact for each county is attached to these procedures. It is important that applicants be directed to the county contacts because they understand how to process those waivers that disregard parental income and resources and apply spousal impoverishment rules. Once the county receives a referral, the county will determine Medi-Cal eligibility based on the criteria for the appropriate waiver including the living arrangement covered by the waiver.

III. WAIVERS TYPES

There are four types of waivers that are discussed in these Procedures. The first three may have special Medi-Cal eligibility determination requirements if the applicant is referred to the county by the designated agency. The last one currently follows regular eligibility rules. Note: The Model Waiver has been terminated and two new nursing facility waivers have been approved for persons eligible for

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Level A and B and sub-acute care. The In-Home Medical Care waiver has been approved for persons eligible for acute hospital level of care. All three of these waivers are now referred to as the Medi-Cal In-Home Operations (IHO) Waivers.

- A. Department of Developmental Services Home and Community-Based (DDS) Waiver
- B. Medi-Cal In-Home Operations (IHO) Waivers – Nursing Facility (NF) A/B Waiver, NF Subacute Waiver and In-Home Medical Care Services (IHMC) Waiver
- C. Multipurpose Senior Services Program (MSSP) Waiver
- D. Acquired Immune Deficiency Syndrome (AIDS) Waiver

IV. DESCRIPTION AND PROCESSING

A. Department of Developmental Services (DDS) Home and Community-Based Services (HCBS) Waiver

1. Description

The DDS HCBS waiver offers services to individuals with developmental disabilities who live at home and meet the level of care criteria for certain intermediate care facilities for the developmentally disabled as defined in the California Health and Safety Code. Waiver eligibility will be determined by the regional centers, but counties are responsible for the Medi-Cal determination. Services provided include homemaker, home health aide services, habilitation, residential habilitation, day habilitation, prevocational services, supported employment services, environmental accessibility adaptations, skilled nursing, transportation, specialized medical equipment and supplies, respite care, chore services, personal emergency response systems, family training, adult residential care, adult foster care, assisted living, supported living services, vehicle adaptations, communication aides, crisis intervention, crisis intervention facility services, mobile crisis intervention, nutritional consultation, and behavior intervention services.

2. Referring Agency: Department of Developmental Services (DDS) - Regional Centers

DDS administers the DDS HCBS Waiver as delegated by DHS in accordance with the interagency agreement. DDS in turn contracts with twenty-one private, not for profit, regional centers which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. The regional center will determine whether the applicant is eligible to participate in the waiver program by reviewing the applicant's medical, social, and developmental care needs. Once waiver eligibility is determined, the regional center will refer him/her to the county for a Medi-Cal eligibility determination or redetermination via the Department of Developmental Services Waiver Referral form (DHS 7096). The regional center may act on the applicant's behalf if he/she cannot act for him/her self or the individual's financially responsible family member can act on his/her behalf. Counties may share ongoing eligibility information with the regional centers regardless of who acts on the client's behalf. See the attached list for the name and address titled "Contacts for Regional Centers".

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. Eligibility Requirements

The individual must be eligible for full scope benefits and meet all regular Medi-Cal eligibility rules such as California residency when determining eligibility for the waiver.

- If the individual is eligible for Medi-Cal with no SOC, counties should not use the special waiver rules or report the individual to MEDS using the waiver aid codes. The county should contact the regional center and inform the contact that the waiver is not appropriate. However, if after a preliminary screening, it appears that the applicant will be properly ineligible or has a SOC using parental or spousal income and property, the special rules below apply:
- The applicant is treated as if he/she were institutionalized for purposes of the treatment of income and resources. If the applicant is an adult, spousal impoverishment rules apply. If the applicant is a child, parental income and resources are not considered even though the child lives in the home.
- A second vehicle is exempt if the vehicle has been modified to accommodate the physical handicap(s) or medical needs of the individual. Verification shall be by the physician's written statement of necessity.
- The individual is in his/her own MFBU. If other family members wish to be aided, the individual is treated similar to those on public assistance (PA), e.g., the individual may be used to link other family members although the individual is not in the family's MFBU.
- The waiver is limited to those who are eligible with or without a share of cost and are eligible for full benefits. A person residing in a nursing home under the state-only aid code of 53, a person in another limited scope aid code, or a person who does not have satisfactory immigration status is not eligible.
- The county should use the most beneficial full scope Medi-Cal program to determine eligibility that is applicable to the applicant, e.g., the Aged and Disabled program, the Medically Needy program (MN), the Medically Indigent (MI) program, or the Percent programs. Eligibility is based on the waiver individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied. The maintenance need is based on the income limit of the appropriate program used to determine eligibility rather than the \$35 personal needs allowance.

For example: A child under age 19 who has a SOC in the MN or MI program or excess property may be eligible under the appropriate Percent program which disregards property using a family size of one. He/she would then be reported to MEDS using the appropriate waiver aid code.

- A disability determination is not required unless (1) eligibility is based on a Medi-Cal program requiring that the individual be disabled, (2) the individual has no other basis for linkage or, (3) there would be an advantage if the applicant were disabled, e.g., income deductions available only to the disabled. This

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

determination of disability may be advantageous in the future when the child becomes an adult.

- Aid codes for the DDS Waiver are:

6V No SOC 6W SOC

In some counties, persons in 6V may choose to be in a managed care plan. It is not mandatory unless the person resides in a county that has a County Organized Health System.

B. Medi-Cal In-Home Operations (IHO) Waiver

1. Description

These waivers are limited to persons who in the absence of the waiver program would otherwise require the nursing facility level A or B level of care for at least 365 consecutive days or sub-acute services for at least 180 consecutive days or acute hospital level of care (IHMC Waiver) for 90 consecutive days but who wish to live at home or in the community. Individuals under the age of 21 must be able to access a waiver service that is not covered under the EPSDT program. Inpatient status prior to the enrollment of waiver services is no longer required. Services provided include but are not limited to: case management, private duty nursing, home health aides, family training, waiver personal care (except for the IHMC Waiver) and adaptations to the home.

2. Referring Agency: DHS In-Home Operations (IHO)

The purpose of IHO is to ensure that necessary, appropriate, and quality medical and nursing services are authorized and provided in the home setting. IHO staff will facilitate the proposal documentation and development between each waiver participant and provider. This process allows for review of all issues related to the recipient level of care, evaluation of durable medical equipment, available waiver services, cost-effectiveness, and verification by IHO staff that the home environment is appropriate to meet the health and safety needs of the recipient. Final approvals of individual waiver requests are subject to review by a Medi-Cal Nurse Evaluator, Medi-Cal Medical Consultant, and other staff.

3. Referral Process

When the medical necessity determination has been completed, the county will receive a copy of the Medi-Cal HCBS Waiver Eligibility Notice. The county should contact the IHO eligibility liaison for the date of eligibility if the medical necessity determination has already been completed and the date is not stated. If the applicant is determined to be ineligible for any reason, the county should also inform the IHO eligibility liaison. For more information, counties may contact the following:

Department of Health Services
In-Home Operations, Intake Unit
Mail Station 4502, P.O. Box 997419
Sacramento, CA 95899-7419
(916) 552-9105

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. Eligibility Requirements

The Medi-Cal HCBS waiver has the same Medi-Cal eligibility rules as the DDS waiver. IHO will do some prescreening of income and property prior to referring the individual to the county.

The individual must meet all standard Medi-Cal eligibility rules such as California residency and cooperation when determining eligibility for the waiver.

- If the individual is eligible for Medi-Cal with no SOC without using the special waiver rules, he/she is not eligible for the waiver. The county should contact IHO and inform the contact that the waiver is not appropriate. However, if after a preliminary screening, it appears that the applicant will be property ineligible or has a SOC using parental or spousal income and property, the special rules below apply:
- The applicant is treated as if he/she were institutionalized for purposes of the treatment of income and resources. If the applicant is an adult, spousal impoverishment rules apply. If the applicant is a child, parental income and resources are not considered even though the child lives in the home.
- A second vehicle is exempt if the vehicle has been modified to accommodate the physical handicap(s) or medical needs of the individual. Verification shall be by the physician's written statement of necessity.
- The individual is in his/her own MFBU. If other family members wish to be aided, the individual is treated similar to those on public assistance (PA), e.g., the individual may be used to link other family members although the individual is not in the family's MFBU.
- The waiver is limited to those who are eligible with or without a share of cost and are eligible for full benefits. A person residing in a nursing home under the state-only aid code of 53, a person in another limited scope aid code, or a person who does not have satisfactory immigration status is not eligible.
- The county should use the most beneficial full scope Medi-Cal program to determine eligibility that is applicable to the applicant, e.g., the Aged and Disabled program, the Medically Needy program (MN), the Medically Indigent (MI) program, or the Percent programs. Eligibility is based on the waiver individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied. The maintenance need is based on the income limit of the appropriate program used to determine eligibility rather than the \$35 personal needs allowance.

For example: A child under age 19 who has a SOC in the MN or MI program or excess property may be eligible under the appropriate Percent program which disregards property using a family size of one. He/she would then be reported to MEDS using the appropriate waiver aid code.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- A disability determination is not required unless (1) eligibility is based on a Medi-Cal program requiring that the individual be disabled, (2) the individual has no other basis for linkage or, (3) there would be an advantage if the applicant were disabled, e.g., income deductions available only to the disabled. This determination of disability may be advantageous in the future when the child becomes an adult.
- Aid Codes for the Medi-Cal IHO Waiver are:

6X IHO Waiver No SOC

6Y IHO Waiver SOC

In some counties, persons in 6X may choose to be in a managed care plan. It is not mandatory unless the person resides in a county that has a County Organized Health System.

C. Department of Aging Multipurpose Senior Services Program (MSSP) Waiver

1. Description

The MSSP waiver program is limited to the frail elderly who are over sixty-five years of age and receive Medi-Cal under an appropriate aid code. MSSP clients reside in their own homes within a particular service area. Potential clients are screened for eligibility as to Level of Care (LOC) Determination and must be certifiable for placement in a nursing facility. Clients have to be appropriate for care management services and be able to be served within MSSP's cost limitations.

An amendment to this waiver was approved by the Centers for Medicare and Medicaid Services. Effective June 1, 2003, the new amendment will allow MSSP to bill Medi-Cal for transitional services that were provided during the last six months of a Medi-Cal individual's institutional stay. These services must be to support the de-institutionalization of a Medi-Cal individual and are billed once the individual leaves the institution. The new amendment also will now allow the county to determine eligibility using institutional deeming rules (spousal impoverishment) for a person who moves from the institution and returns home to his/her spouse or for a person who is already living at home with his or her spouse. The number of persons eligible under this provision is limited to five percent of the total waiver clients or about 816 persons state wide. The MSSP will be responsible for ensuring this limit is not exceeded.

MSSP provides interdisciplinary care management services including the coordination and use of existing community resources. Care managers initiate and oversee the process of assessments, care plan development, service arrangement, ongoing monitoring and reassessments of a client's needs. To arrange for services, care management staff must first explore support that might be available through family, friends, and the volunteer community. They then review existing publicly funded services and make direct referrals whenever possible. If needed services are not available through these resources, the care management team can authorize the purchase of some services from MSSP funds. Services that may be purchased under the waiver include: health care (skilled nursing); adult social day care; housing assistance; chore and personal care; respite; transportation; meal services; protective services; and special communication services. Referrals to the program come from a variety of sources including, but not limited to, local county agencies, social service and aging organizations, hospitals, home care agencies, and a variety of other community-based groups.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. Referring Agency: California Department of Aging (CDA)

CDA has an interagency agreement with the Department of Health Services (DHS) to operate the MSSP Waiver. Within CDA, the MSSP Section of the Medi-Cal Services Branch is the unit responsible for reviewing and monitoring the program. CDA contracts with either public entities or private nonprofit agencies (MSSP sites) to run the program at the local level. CDA is responsible for oversight of these contracts. The local MSSP sites will determine the medical appropriateness of waiver coverage before referral to the county by reviewing the applicant's health and psychosocial needs and functional status. If appropriate, the MSSP site will refer him or her to the county for an eligibility determination or redetermination via the MSSP Waiver Referral form. Counties may share ongoing eligibility information with the local MSSP sites. Each site has identified a staff person to liaison with the county. Persons inquiring about the MSSP program should be referred to the appropriate agency on the Roster and contact list; however, only those persons who live within the boundaries of the sites may be eligible for MSSP services. There are some locations that are not within the boundaries of an agency at this time. Counties should phone the nearest contact person for more information.

3. Eligibility

Individuals who are Medi-Cal eligible using regular income and property rules (including spousal impoverishment if they are institutionalized and have community spouses) and who need MSSP services are evaluated by the MSSP program to determine whether they meet the MSSP criteria. These individuals may currently be in a nursing facility and wish to return to the home of their spouse or are already living at home with their spouse. Counties will not receive a waiver referral for individuals who are already eligible for Medi-Cal without an SOC and are currently receiving MSSP services unless they have a change in circumstances. In addition, some individuals are eligible for MSSP services who have an SOC (after spousal impoverishment rules are applied) if they also have a secondary Personal Care Services Program (PCSP) tracking aid code. (The SOC is certified as met at the beginning of the month based on the beneficiary's projected costs for his or her PCSP services.) If the person is not eligible for the PCSP secondary aid code, he/she is not eligible for the MSSP waiver and should not be reported to MEDS with only the MSSP SOC aid code.

When the county contact person receives an MSSP referral form for a married applicant or beneficiary and the county determines that the individual will be property ineligible or has an SOC using regular rules, the waiver allows institutional deeming rules to apply (similar to the special eligibility rules for the DDS and HCBS waivers). The Medi-Cal MSSP eligibility determination is as follows:

- The applicant/beneficiary is treated as if he or she were institutionalized for purposes of the treatment of income and resources.
- Spousal impoverishment rules apply.
- A second vehicle is exempt if the vehicle has been modified to accommodate the physical handicap(s) or medical needs of the individual. Verification shall be by the physician's written statement of necessity.
- The MSSP individual is in his/her own Medi-Cal Family Budget Unit (MFBU). If other family members wish to be aided, the individual is treated similar to those on public

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

assistance, e.g., the individual may be used to link other family members although the individual is not in the family's MFBU.

- The MSSP individual must be eligible for full benefits with or without an SOC.
NOTE: A person residing in a nursing home under the limited state-only Aid Code of 53, a person in another limited-scope aid code, or a person who does not have satisfactory immigration status is not eligible.
- The county should use the most beneficial full-scope Medi-Cal program to determine eligibility that is applicable to the applicant, e.g., Pickle, the Aged and Disabled program, the Medically Needy (MN) program. Eligibility is based on the individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied.

Example A

John is a 70 year old applicant who is referred to the county by the MSSP site. He is living at home with his spouse. They have no minor children living in the home. The county determines that he is property eligible, but is not eligible for the Aged and Disabled Federal Poverty Level Program and would have an SOC as an MN person. The county then applies spousal impoverishment rules after certain deductions from his gross income. John may allocate the lesser of the maximum spousal income allocation to his spouse or up to her limit for the spouse at home. His monthly SOC is based on the remaining amount of his income. The county identifies him on the Medi-Cal Eligibility Data System with the appropriate new MSSP waiver aid code 1Y and the PCSP aid code of 1F (after confirming that he is eligible for PCSP services and will meet his SOC at the beginning of each month using PCSP services).

Example B

Tom is 65 years old and currently eligible in the MN program with a monthly SOC of \$1,000. The county receives a referral by the MSSP site. He is living at home with his spouse. There are no minor children in the home. The county applies spousal impoverishment rules and his SOC is reduced to zero (1X aid code).

Example C

Paul is 80 years old and referred to the county by the MSSP site. He is living at home with his spouse and there are no minor children in the home. The county determines he is property ineligible for any Medi-Cal program and his own income is below the MN limit. The county then applies spousal impoverishment rules and finds him to be property eligible. Since his income is already below the MN limit, there is no need to allocate any of his income to the spouse (1X aid code).

4. New Aid Codes

Aid codes for individuals qualifying for the MSSP waiver under these special institutional deeming rules are:

1X MSSP No SOC

1Y MSSP SOC (Must also be reported with 1F)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

In some counties, persons in 1X may choose to be in a managed care plan. It is not mandatory unless the person resides in a county that has a County Organized Health System.

D. DHS Acquired Immune Deficiency Syndrome (AIDS) Waiver

1. Description

The AIDS Medi-Cal Waiver Program (MCWP) is limited to persons with a symptomatic Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) with symptoms related to HIV disease who would otherwise require nursing facility or hospital level of care. Services provided include case management, skilled nursing, attendant care, psycho-social counseling, non-emergency medical transportation, homemaker services, specialized medical equipment and supplies, minor physical adaptations to the home, a limited supplement for infants and children in foster care, nutritional counseling, and nutritional supplements/ home delivered meals.

The Office of AIDS contracts with MCWP projects to implement the program at the local level and provide interdisciplinary comprehensive nurse and social work case management services. The case managers at these local Waiver agencies initiate and oversee the process of assessments, care plan development, service arrangement, ongoing monitoring and reassessments of a client's needs. To arrange for services, case management staff must first explore support that might be available through family, friends, and the volunteer community. They then review existing publicly funded services and make direct referrals whenever possible. If needed services are not available through these resources, the case manager can authorize the purchase of services from MCWP funds. Referrals to the MCWP come from a variety of sources including, but not limited to, local county agencies, social service and aging organizations, hospitals, home care agencies, and a variety of other community-based groups.

2. Referring Agency: Local AIDS MCWP projects

MCWP projects will refer applicants to the county for determination of Medi-Cal eligibility. An individual must be a Medi-Cal beneficiary prior to enrollment in the AIDS MCWP.

3. Eligibility

The individual must be eligible for full scope benefits and meet all regular Medi-Cal eligibility. No special Medi-Cal income, property or institutional deeming rules apply. If the applicant is living in the home, he/she is not in a separate MFBU from his/her parent/spouse.

V. GENERAL PROCESSING INFORMATION

A. Notices of Action (NOA)

All waiver applicants should receive an NOA approving or denying Medi-Cal eligibility. The

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

county will send a NOA to the applicant and a copy to the appropriate State referring agency, MSSP site or Regional Center. The MSSP, IHO, and DDS waiver applicants and beneficiaries have special NOAs. The MCWP projects also sends out a special NOA. Copies of these NOAs are included in these procedures.

B. Beginning Date of Waiver Eligibility

The effective date of Medi-Cal coverage for applicants of a waiver where the waiver has special eligibility rules should be the date the following two requirements are met:

1. The referring agency determines that it is medically appropriate for the waiver applicant to be in that waiver, and
2. The county determines that the waiver applicant meets the Medi-Cal eligibility requirements under that waiver.

Counties should contact IHO, the MSSP contact person, or the Regional Center to determine the effective date unless it is indicated on the referral form. NOTE: Retroactive eligibility rules as stated in Section 50710 of the California Code of Regulations remain in effect except for the MSSP Waiver.

- C. There may be waiver persons requesting In-Home Supportive Services (IHSS). The IHSS residual component does not waive parental income and resources of parents or use spousal impoverishment rules; therefore, it is unlikely that the beneficiary will be eligible. Counties may refer these persons to the PCSP component of IHSS; however, a parent or spouse may not be the provider of services.

D. Annual Redetermination

The county shall redetermine eligibility as required by Section 50189. Only information about the waiver beneficiary is required. Counties should check with IHO, the MSSP contact, or the referring Regional Center at the yearly determination to verify that the waiver beneficiary is still medically eligible for the waiver unless there is an agreement that the agency will notify the county if a beneficiary is no longer eligible for the waiver.

E. Medi-Cal Family Budget Unit (MFBU)

Persons in the MSSP, HCBS, and DDS waivers are in their own MFBU. Spousal Impoverishment rules apply. Since the waiver person is in his/her own MFBU, the maintenance need or income limit for the waiver person is based on a family size of one for the appropriate program rather than the \$35 personal needs allowance. If there are multiple persons in the same household applying for these waivers, each person is in his/her own MFBU. If other family members are applying for or are receiving regular Medi-Cal, the IHO, MSSP, or DDS waiver applicant/beneficiary should be treated similar to public assistance (PA) recipients, e.g., they are not in the MFBU with other family members; however, they may be used to link other family members. Persons applying for the other waivers that do not use special eligibility rules are considered part of the household if they are determined to be living in the home; therefore, regular Medi-Cal MFBU rules apply. NOTE: If it is more beneficial for the person to be in the MFBU with the other family members, the waiver applicant may choose not to be in the waiver and to be determined under regular Medi-Cal rules. The county should notify the referring agency of this decision.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

F. SSI Personal Needs Allowance (PNA)

Effective June 1, 1990, federal law began allowing a former institutionalized SSI child the same personal needs allowance (PNA) as an institutionalized SSI child as long as the non-institutionalized child is in a home and community-based waiver. Because the Social Security Administration (SSA) needs to confirm that such a child is in a waiver before the PNA can begin or that such child remains in a waiver for the PNA to continue, counties may be requested to verify such information at the time waiver coverage begins and then at the SSA redetermination. Since such information is confidential, counties must first have permission from the child's parent or from another appropriate adult before releasing this information to SSA. The DHS 7071 form was developed to secure this parental consent and may be used to release this information to SSA. Although DHS has developed a system to allow the waiver aid code to continue, counties should be aware that in some cases (depending on how SSA enters the information), when the waiver beneficiary begins receiving the PNA, MEDS will convert the waiver aid code to an aid code of 60. If this occurs and the waiver person is still living in the home and is not eligible for a regular SSI payment, counties should contact DHS so this may be corrected.

G. Quality Control

Counties should indicate that a special income and resource determination was used when determining eligibility for persons in the IHO, MSSP, and DDS waivers to prevent confusion when persons such as Quality Control review the file. A copy of the DDS or CDA referral form or IHO notice should also be in the file.

VI. FORMS, NOTICES, AND BROCHURES

1. Department of Developmental Services Waiver Referral Form (DHS 7096)
2. Spanish DDS Waiver Referral Form (DHS 7096 SP)
3. Medi-Cal Waiver Information and Authorization [formerly called the "SSI Payments for Disabled Children Living at Home" (DHS 7071)]
4. Approval Notice of Action for the DDS Waiver (MC 341)
5. Spanish Approval Notice of Action for the DDS Waiver (MC 341 SP)
6. Denial or Discontinuance Notice of Action for the DDS Waiver (MC 342)
7. Spanish Denial or Discontinuance Notice of Action for the DDS Waiver (MC 342 SP)
8. Regional Center Contacts
9. Department of Developmental Services Brochure
10. IHO Waiver Medi-Cal Eligibility Notice for all Applicants Except Los Angeles County (Number 1)
11. IHO Waiver Medi-Cal Eligibility Notice for Los Angeles County Applicants (Number 2)
12. IHO Waiver to Inform a DDS Waiver Beneficiary of a Change to the HCBS Waiver (Number 3)
13. Approval Notice of Action for the IHO Waiver (MC 343)
14. Spanish Approval Notice of Action for the IHO Waiver (MC 343 SP)
15. Denial or Discontinuance Notice of Action for the IHO Waiver (MC 344)
16. Spanish Denial or Discontinuance Notice of Action for the IHO Waiver (MC 344 SP)
17. In-Home Operations Brochures
18. AIDS Medi-Cal Waiver Program Notice of Action (MCWP2)
19. Spanish AIDS Medi-Cal Waiver Program Notice of Action (MCWP2 SP)
20. MSSP Site Roster

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 21. MSSP Contact Names
- 22. MSSP Approval Notice of Action (MC 365)
- 23. Spanish MSSP Approval Notice of Action (MC 365 SP)
- 24. MSSP Denial or Discontinuance of Benefits (MC 366)
- 25. Spanish MSSP Approval Notice of Action (MC 366 SP)
- 26. California Department of Aging Waiver Referral Form (MC 364)
- 27. County Waiver Contacts

Note: The Model Waiver Screening Form DHS 7097 is no longer in use.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER REFERRAL

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

CALIFORNIA REGIONAL CENTER—Please complete this portion and forward to the appropriate County Waiver Contact Person.

Name of applicant			
Address (number, street)	City	State	ZIP code
Social Security number	Date of birth	Telephone ()	
Parent/Guardian (if applicable)			
Address of parent/guardian (if different)	City	State	ZIP code

STATUS

- ☐ New Medi-Cal applicant.
- ☐ Currently receives Medi-Cal with a share of cost. Reevaluate under special institutional deeming rules.

LIVING ARRANGEMENT

- ☐ The applicant is currently in an institution. Please determine Medi-Cal eligibility based on his/her anticipated return to the home.
Anticipated date of discharge _____
- ☐ The applicant is currently living in the home.
- ☐ Other: _____

This is to certify that the individual named above has met the admission criteria for an intermediate care facility for the developmentally disabled as defined in the California Health and Safety Code, Chapter 2, Section 1250.

Signature of Regional Center contact person

Printed name of Regional Center contact person	Title	Telephone ()	
		State	ZIP code
Regional Center address (number, street)	City	State	ZIP code

NOTE TO COUNTY: The eligibility determination waives parental and spousal income and resources even if the applicant lives in the home. See Section 19D of the Medi-Cal Eligibility Procedures Manual. If the applicant/beneficiary is entitled to zero share of cost Medi-Cal under regular eligibility rules, no waiver is required.

Please send a copy of the Notice of Action to the Regional Center when the determination is completed.

White: County copy

Yellow: Regional Center Copy

DHS 7096 (7/99)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

ENVÍO A PROGRAMAS ESPECIALES DEL DEPARTAMENTO QUE PROPORCIONA SERVICIOS A PERSONAS CON INCAPACIDADES ADQUIRIDAS AL NACER O DURANTE EL DESARROLLO

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

CENTRO REGIONAL DE CALIFORNIA—Por favor, llene esta parte y envíela a la persona encargada de programas especiales del condado.

Nombre del/de la solicitante

Dirección (número, calle)	Ciudad	Estado	Código postal
Número de Seguro Social	Fecha de nacimiento	Teléfono ()	
Padre/Madre/Tutor(a) legal (si es pertinente)			
Dirección del padre/madre/tutor(a) legal (si es diferente)	Ciudad	Estado	Código postal

SITUACIÓN

- ☐ Nuevo(a) solicitante de Medi-Cal.
☐ Actualmente recibe Medi-Cal con una parte del costo. Volver a evaluar conforme a reglas institucionales especiales consideradas.

ARREGLOS DE VIVIENDA

- ☐ El/la solicitante vive actualmente en una instalación. Por favor determine la elegibilidad de Medi-Cal basándose en su regreso previsto al hogar. Fecha prevista para que se le dé de alta _____.
- ☐ El/la solicitante vive actualmente en el hogar.
- ☐ Otro: _____

Esto es para certificar que el individuo mencionado anteriormente ha cumplido con los requisitos de ingreso a un centro de convalecencia para personas con incapacidades adquiridas al nacer o durante el desarrollo, según se define en la sección 1250, capítulo 2, del Código de Seguridad y Salud de California.

Firma de la persona encargada del Centro Regional

➤

Nombre en letra de molde de la persona encargada del Centro Regional	Título	Teléfono ()	
Dirección del Centro Regional (número, calle)	Ciudad	Estado	Código postal

NOTA AL CONDADO: La determinación de elegibilidad posterga el ingreso y los recursos paternos/maternos y conyugales, aun si el/la solicitante vive en el hogar. Vea la sección 19D del Manual de Procedimientos de Elegibilidad de Medi-Cal. Si el/la solicitante/beneficiario(a) tiene derecho a Medi-Cal sin parte del costo conforme a las reglas regulares de elegibilidad, no se requiere ninguna postergación.

Por favor, envíe una copia de la Notificación de Acción al Centro Regional cuando se complete la determinación.

White: County copy

Yellow: Regional Center Copy

DHS 7096 (SP) (7/99)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL WAIVER INFORMATION AND AUTHORIZATION

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Parent/Guardian: If your child was receiving Supplemental Security Income (SSI) payments while in an institution, is under 18 years of age, is now receiving Medi-Cal benefits, is now living at home, and is currently in a home- and community-based waiver program, he/she may be eligible to receive a monthly SSI personal needs payment. Please complete this portion of the form and forward to the County Waiver Person if your child is in a Medi-Cal In-Home Operations or Developmental Services Waiver. For other waivers, forward this form to the State of California, Department of Health Services, Medi-Cal Eligibility Branch, Mail Station 4608, P.O. Box 997413, Sacramento, CA 95899-7413. After the County or State has verified that your child is in a Medi-Cal waiver, submit this form to the Social Security Administration for a determination. SSA will continue to contact the County or State each year prior to continuing the personal needs payment.

Name of child

Address (number, street) City State ZIP code

Social Security number Date of birth Telephone ()

Parent/Guardian

Address of parent/guardian (if different) City State ZIP code

Type of waiver

I, the parent or guardian of the above child, authorize the County of _____ or the State of California to disclose to the Social Security Administration information about the above child's status in the Medi-Cal home- and community-based waiver program.

Signature

Date

COUNTY DEPARTMENT OF SOCIAL SERVICES: Please verify that the above child is currently receiving Medi-Cal benefits at home and is receiving services under the Model or DDS waiver.

I certify that the above named child is receiving Medi-Cal benefits under one of the following home- and community-based waivers:

- ☐ Medi-Cal In-Home Operations Waivers Nursing Facilities Waiver (Parental income and resources do not apply.)
☐ Developmental Services Waiver (Parental income and resources do not apply.)

Signature of county authorizing person

Printed name Title Telephone ()

County address (number, street) City State ZIP code

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES: Please verify that the above child is currently receiving Medi-Cal benefits and receiving waiver services.

Signature of state authorizing person

Printed name Title Telephone ()

State address (number, street) City State ZIP code

White: Parent copy

Yellow: County copy

DHS 7071 (1/04)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION
Department of Developmental Services
Waiver
Approval for Benefits**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Department of Developmental Services Waiver program is limited to developmentally disabled persons who live at home and meet the admission criteria for an intermediate care facility for the developmentally disabled.

- ☐ You are eligible for this program at no cost.
- ☐ You are eligible for this program with a monthly share-of-cost of \$ _____.

Please notify your worker if there are any changes in your medical condition, living situation, income, or property.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: Regional Center

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 341 (8/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

Aprobación de la Extensión de Beneficios
del Departamento de Servicios para Personas
con Incapacidades Adquiridas al Nacer o
Durante el Desarrollo

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de Extensión de Beneficios del Departamento de Servicios a Personas con Incapacidades Adquiridas al Nacer o Durante el Desarrollo se limita a personas incapacitadas, desde el punto de vista del desarrollo, que viven en el hogar, y que cumplen con los criterios de ingreso de un centro de convalecencia de cuidados intermedios para las personas incapacitadas desde el punto de vista del desarrollo.

☐ Usted reúne los requisitos para este programa sin costo alguno.

☐ Usted reúne los requisitos para este programa con una parte del costo mensual de \$_____.

Por favor, notifique a su trabajador(a), si hay algún cambio en su condición médica, situación de vivienda, ingresos o bienes.

Siempre presente su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU *BIC*.

La regulación que exige esta acción es la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Centro Regional

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 341 (SP) (8/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION
Department of Developmental Services
Waiver
Denial or Discontinuance of Benefits**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Department of Developmental Services Waiver program is limited to developmentally disabled persons who live at home and meet the admission criteria for an intermediate care facility for the developmentally disabled.

- ☐ Your benefits under this program will be discontinued effective the last day of _____.
- ☐ Your application date of _____ is denied.

Here is/are the reason(s) why:

- ☐ Your property is over the limit of _____.
- ☐ The regional center has informed us that you are no longer eligible for waiver services.
- ☐ You are now living in a community care facility.

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: Regional Center

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 342 (8/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

**Negación o Descontinuación de la Extensión de
Beneficios del Departamento de Servicios a
Personas con Incapacidades Adquiridas al
Nacer o Durante el Desarrollo**

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de Extensión de Beneficios del Departamento de Servicios a Personas con Incapacidades Adquiridas al Nacer o Durante el Desarrollo se limita a personas incapacitadas desde el punto de vista del desarrollo, que viven en el hogar y que cumplen con los criterios de ingreso de un centro de convalecencia de cuidados intermedios para las personas incapacitadas desde el punto de vista del desarrollo.

☐ Sus beneficios bajo este programa se descontinuarán a partir del último día de _____.

☐ Su fecha de solicitud del _____ se niega.

A continuación se le da(n) la(s) razón(es):

☐ Sus bienes están por encima del límite de _____.

☐ El centro regional nos ha informado que usted ya no reúne los requisitos para los servicios de extensión.

☐ Usted ahora vive en un establecimiento de cuidado en la comunidad.

Usted recibirá otra notificación, si usted reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO (BIC). Usted puede usarla de nuevo si reúne los requisitos para otro programa de Medi-Cal.

La regulación que exige esta acción es la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Centro Regional

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 342 (SP) (8/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

December 1, 2003

CONTACTS FOR REGIONAL CENTERS 360 - 380

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
360 FRANK D. LANTERMAN REGIONAL CENTER 3303 Wilshire Boulevard, Suite 700 Los Angeles CA 90010	Ardis Adrian, R.N. (213) 383-1300 X 746 (213) 383-6526 (FAX) ardis.adrian@lanterman.org	Grace Kotchouian, R.N. (213) 383-1300 Sylvia Flores (213) 383-1300 X 706
361 GOLDEN GATE REGIONAL CENTER 120 Howard Street, Fourth Floor San Francisco, CA 94105-1848	Candace Sultan, R.N. (415) 546-9222 X 400 candacepge@aol.com	Carla Kania, R.N. (415) 546-9222 X 200 (415) 546-1910 (FAX)
362 SAN DIEGO REGIONAL CENTER 14355 Ruffin Road, suite 205 San Diego, CA 92123-1648	Carol Jean Thomas, QMRP (858) 576-2985 cjthomas@sdrc.org	Roy Carroll, QMRP (858) 576-2992 (858) 496-4327 (FAX)
363 FAR NORTHERN REGIONAL CENTER 1377 East Lassen Avenue Chico, CA 95973	Mary McCart, QMRP (530) 895-8633 mmccart@farnorthernrc.org	Tamara Panther (530)222-8795 X 3360 P.O. Box 492418 Redding, CA 96049 (530) 895-1501 (FAX)
364 ALTA CALIFORNIA REGIONAL CENTER 2135 Butano Drive Sacramento, CA 95825	Peggy Ann Feldt, RNMS, QMRP (916) 978-6378 pfeldt@altaregional.org	(916) 489-6385 (FAX)
365 SAN ANDREAS REGIONAL CENTER 300 Orchard City Drive, Suite 170 Campbell, CA 95008	Florence N. Yalung, District Manager Resource and Federal Programs (408) 341-3485 saflo@sarc.org	Ken Heritier, QMRP (408) 341-3514 (408) 376-0586 (FAX)
366 TRI-COUNTIES REGIONAL CENTER 520 East Montecito Santa Barbara, CA 93103	Cheryl Wenderoth, QMRP (805) 884-7210 (SB Office) (805) 485-3177X251 (V Off.) cherylw@tri-counties.org	(805) 884-9374 (FAX)
367 CENTRAL VALLEY REGIONAL CENTER 4615 Marty Avenue Fresno, CA 93722	Holly Lovett, QMRP (559) 738-2210 1945 East Noble Visalia, CA 93292-1516 hlovett@cvrc.org	Lidia Ramirez Garza, QMRP (559) 276-4487 (559) 276-4450 (FAX)
368 REGIONAL CENTER OF ORANGE COUNTY 801 Civic Center Drive, Suite 300 Santa Ana, CA 92701	Randy Laya, M.S (714) 796-5221 rlaya@rcocdd.com	Lynn Maltz (714) 796-5218 (714) 547-7278 (FAX)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
369 INLAND REGIONAL CENTER 674 Brier Drive San Bernardino, CA 92408	Margie Henderson (909) 890-3425 (909) 890-3007 (FAX) mhenderson@inlandrc.org	Clarice Schnepf, R.N. (909) 890-3428 (909) 890-3001 (FAX) cschnepf@inlandrc.org
370 REDWOOD COAST REGIONAL CENTER 525 Second Street, Suite 300 Eureka, CA 95501	Tina Moulton (707) 445-0893 X 363 tmoulton@redwoodcoastrc.org	(707) 444-3409 (FAX)
371 NORTH BAY REGIONAL CENTER 10 Executive Court, Suite A Napa, CA 94558	Kay Bany, QMRP (707) 256-1183 Kayb@nbrc.net Rhea Schnurman (707) 566-3006 RheaS@nbrc.net	Marilyn Halloran, Sup. Adult Services Unit (707) 256-1248 MarilynH@nbrc.net (707) 256-1270 (FAX)
372 KERN REGIONAL CENTER 3200 North Sillect Avenue Bakersfield, CA 93308	Cherylle Mallinson, MS, QMRP (661) 327-8531 x 246 cmallinson@kernrc.org	Melvina Mull (661) 327-8531 x 368 mmull@kernrc.org (661) 324-5060 (FAX)
373 EASTERN LOS ANGELES REGIONAL CENTER 1000 South Fremont Avenue Alhambra, CA 91802-7916	Jesse Valdez, Manager of Specialized Svs., QMRP (626) 299-4719 jvaldez@elarc.org	Judy Matthews, RN (626) 299-4788 (626) 281-1163 (FAX)
374 SOUTH CENTRAL LOS ANGELES REGIONAL CENTER 650 West Adams Blvd, Suite 400 Los Angeles, CA 90007	Fezem Shabaf, RN (213) 744-8850 fezems@sclarc.org	Cynthia Stakley, RN (213) 763-5631 (213) 744-8888 (FAX)
375 HARBOR REGIONAL CENTER Del Amo Business Plaza 21231 Hawthorne Boulevard Torrance, CA 90503	Paula Fiebert, QMRP (310) 543-0615 paulaf@hddf.com Marguerite Phillips, LCSW Director of Federal Revenue Programs (310) 543-0659 marguerp@hddf.com	Laura Garabedian, R.N. (310) 543-1711 (310) 540-9538 (FAX)
376 WESTSIDE REGIONAL CENTER 5901 Green Valley Circle, #320 Culver City, CA 90230-6938	Bill Feeman, RN (310) 258-4132 billf@westsiderc.org	Transito Rivas (310) 258-4106 (310) 338-9744 (FAX)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
377 VALLEY MOUNTAIN REGIONAL CENTER 7109 Danny Way Stockton, CA 95269	Katina Richison, QMRP (209) 955-3616 krichison@vmrc.net (209) 478-3539 (FAX) Anthony Hill (209) 955-3258 ahill@vmrc.net (209) 473-0719 (FAX)	Joyce Young-Lofton, RN QMRP (209) 529-2626 X 2133 (Modesto) (209) 955-3276 (Stockton) Shelbi Stoecklin, QMRP Federal Programs Spec. (209) 955-3672 ssstoecklin@vmrc.net
378 NORTH LOS ANGELES REGIONAL CENTER 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211	Laura Rankin, QMRP (818) 756-6270 laurar@nlacrc.com	Maria Bratley (818) 756-6381 (818) 756-6390 (FAX)
379 SAN GABRIEL/POMONA REGIONAL CENTER 761 Corporate Center Drive Pomona, CA 91768	Guadalupe Magallanes, QMRP (909) 868-7793 gmagallanes.sgprc.org	Liz Serna (909) 868-7655 (909) 622-5123 (FAX) Letha Sellars (909) 868-7518
380 EAST BAY REGIONAL CENTER 7677 Oakport Street, Suite 1200 Oakland, CA 94621	Cristie Guss, M.S., QMRP (510) 383-1375 ccguss@rceb.org Carolyn Bressler, QMRP (510) 383-1351 cbressler@rceb.org	Bev Davis, QMRP (510) 383-1281 bdavis@rceb.org (510) 633-5020 (FAX) (510) 633-5021 (FAX) (510) 633-5022 (FAX)

Please contact your local regional center for information on services available to individuals with developmental disabilities:

Alta California Regional Center
www.altaregional.org
Central Valley Regional Center
www.cvrcc.org
Eastern Los Angeles Regional Center
www.elarc.org
Far Northern Regional Center
www.farnorthernrc.org
Frank D. Lanterman Regional Center
www.lanterman.org
Golden Gate Regional Center
www.ggrc.org
Harbor Regional Center
www.hdrf.com
Inland Regional Center
www.inlandrc.org
Kern Regional Center
www.kernrc.org
North Bay Regional Center
www.nbrc.net
North Los Angeles County Regional Center
www.nlacrc.com
Redwood Coast Regional Center
www.redwoodcoastrc.org
Regional Center of East Bay
www.rceb.org
Regional Center of Orange County
www.rcocdd.com
San Andreas Regional Center
www.sarc.org
San Diego Regional Center
www.sdrcc.org
San Gabriel/Pomona Regional Center
www.sgprc.org
South Central Los Angeles Regional Center
www.sclarc.org
Tri-Counties Regional Center
www.tri-counties.org
Valley Mountain Regional Center
www.vmrcc.net
Westside Regional Center
www.wesidrc.org

The Home and Community- Based Services Waiver For Individuals With Developmental Disabilities



Department of Developmental Services
Community Operations Division,
Regional Center Branch
1600 Ninth Street, Room 320
Sacramento, CA 95814



STATE OF CALIFORNIA
Gray Davis • Governor

Grantland Johnson • Secretary
California Health & Human Services Agency

Cliff Allenby • Director
Department of Developmental Services

DDS Internet Home Page
www.dds.ca.gov
August 2003

DDS Department of Developmental Services
"Building Partnerships, Supporting Choices"
www.dds.ca.gov

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

♦ WHAT IS THE HOME AND COMMUNITY- BASED SERVICES (HCBS) WAIVER?

The HCBS Waiver is a way to fund certain services that allow a person who experiences developmental disabilities to live at home or in the community rather than having to go to live in a licensed health facility.

Costs for these services are funded jointly by the federal government's Medicaid program and the State of California.

♦ WHAT IS "WAIVED"?

Certain federal Medicaid rules are "waived", allowing the state to provide services to people with developmental disabilities in ways that are not available to other people who are enrolled in Medicaid (which is called Medi-Cal in California). One federal condition of the Waiver is that those supports or services are different than those available through Medi-Cal.

♦ DO I HAVE TO BE ON THE WAIVER TO RECEIVE REGIONAL CENTER SERVICES?

If you or your family member is eligible for the HCBS Waiver, it is good to enroll in it. That way many of the services that you choose will be partially paid for by the federal Medicaid program. This usually means that more people like yourself or your family member can receive services.

Enrollment in the HCBS Waiver is a matter of choice. Unlike other states that restrict services to persons served under the HCBS Waiver, California's regional centers provide the full scope of state-funded services to all eligible persons.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Whether you are eligible for – and choose – enrollment in the HCBS Waiver or not, you or your family member will receive the same person-centered planning, opportunities to choose services and providers, and be ensured the same quality of care.

♦ WHO BENEFITS FROM THE HCBS WAIVER?

To benefit from the HCBS Waiver you, or your family member, must meet three conditions. First, you must have “full scope” Medi-Cal eligibility – either through your own, your family’s eligibility or, if you are under the age of 18, through something called “institutional deeming” (see below). Second, you must have a formal diagnosis of mental retardation or developmental disability and be a regional center consumer. Third, you must undergo an evaluation that determines that you would benefit from a certain level of care for your disabilities that would be available in a licensed health care facility for people who have mental retardation. This third qualification is important not because you will go to such a facility, but because the HCBS Waiver is designed to help people stay in the community rather than have to go to such a facility to get the services they need.

♦ WHAT IS INSTITUTIONAL DEEMING?

Institutional Deeming is a special Medi-Cal eligibility rule that considers only the personal income and resources of a person under the age of 18 or a married adult who is otherwise eligible for the Waiver. This allows a person who meets the criteria above to be determined as eligible for Medi-Cal regardless of his or her parent’s or spouse’s income and resources.

This is very helpful because typically a family’s health insurance or income will not cover the total cost of these needed services.

Through “Institutional Deeming rules,” the family may now obtain Medi-Cal benefits for needed services regardless of income.

This also allows that person to be eligible for all Medi-Cal services – not just those provided through the HCBS Waiver. This eligibility applies as long as the person is enrolled in the Waiver.

♦ THE HCBS WAIVER QUALITY FRAMEWORK

The goals of the HCBS Waiver are to ensure consumer choice of waiver services, consumer satisfaction, and to provide safeguards necessary to ensure the health and safety of each consumer in the program. These goals are accomplished through the following framework of quality assurance that focuses attention on:

- Consumer rights to due process, grievances, and personal decisions.
- Consumer-centered service planning, and service modifications in response to changing needs.
- Consumer choice of qualified providers and monitoring of providers by the regional center.
- Consumer health and safety.
- A user-friendly enrollment process. The regional center determines eligibility for the Waiver based on current Medi-Cal status, the consumer’s level of care needs and consumer choice. Consumers may also choose to disenroll or terminate their participation in the Waiver at any time.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL



State of California-Health and Human Services Agency
Department of Health Services



Sandra Shewry
Director

Arnold Schwarzenegger
Governor

«DATE»

«PCGNAME»

«PCGADDRESS»

«PCGCITYSTATEZIP»

«SALUTATION»:

Medi-Cal In-Home Operations (IHO) Waiver Eligibility Notice

Individual: «BENENAME»
Social Security Number: «SSN»
Date of Birth: «DOB»
Address: «BENEADDRESS»
Telephone: «BENEPHONE»

This notice is to confirm that the above-named individual has been determined medically eligible for Medi-Cal IHO Waiver services by the Department of Health Services, In-Home Operations (IHO) Section.

If the individual is currently not a Medi-Cal beneficiary, he/she must contact «COUNTYCONTACT» in «COUNTY» County at «COUNTYPHONE», for information on how to complete the Medi-Cal application process used in your county.

If the individual currently is a Medi-Cal beneficiary whose eligibility needs to be redetermined, please contact «COUNTYCONTACT» in «COUNTY» County at «COUNTYPHONE» and request information on the Medi-Cal eligibility redetermination process. The county will send a notice to the individual advising him/her of this process.

Should you have any questions regarding this notice, please feel free to contact me, at (916) 552-9273.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc: «COUNTYCONTACT»
«COUNTYDEPT»
«COUNTYADDRESS»
«COUNTYCITYSTATEZIP»

Note to County: **Requesting effective date of <DATE>**



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Letter 1

1501 Capitol Avenue, MS 4502; P.O. Box 942732; Sacramento, CA 94234-7320
(916) 552-9273
Internet Address: www.dhs.ca.gov

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL



California
Department of
Health Services

Sandra Shewry
Director

State of California—Health and Human Services Agency Department of Health Services



Arnold Schwarzenegger
Governor

«DATE»

«PCGNAME»

«PCGADDRESS»

«PCGCITYSTATEZIP»

«SALUTATION»:

Medi-Cal In-Home Operations (IHO) Waiver Eligibility Notice

Individual:	«BENENAME»
Social Security Number:	«SSN»
Date of Birth:	«DOB»
Address:	«BENEADDRESS»
Telephone:	«BENEPHONE»

This notice is to confirm that the above-named individual has been determined medically eligible for Medi-Cal IHO Waiver services by the Department of Health Services, In-Home Operations (IHO) Section.

If the individual is currently not a Medi-Cal beneficiary, Los Angeles County will send him/her a Medi-Cal application that will need to be completed and returned to the county by the date stated by the county.

If the individual currently is a Medi-Cal beneficiary whose eligibility needs to be redetermined, the county will send a notice to the individual advising him/her of this process.

Please note the individual does not need to contact Los Angeles County.

Should you have any questions regarding this notice, please feel free to contact me, at (916) 552-9273.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc: Ms. Julie Johnson
Department of Public Social Services
P.O. Box 92164
City of Industry, CA 91715-2164

Note to County: **Requesting effective date of <DATE>**



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Letter 2

1501 Capitol Avenue, MS 4502; P.O. Box 942732; Sacramento, CA 94234-7320
(916) 552-9273
Internet Address: www.dhs.ca.gov

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL



California
Department of
Health Services

Sandra Shewry
Director

State of California—Health and Human Services Agency
Department of Health Services



Arnold Schwarzenegger
Governor

«DATE»

«PCGNAME»

«PCGADDRESS»

«PCGCITYSTATEZIP»

Dear «SALUTATION»:

Medi-Cal In-Home Operations (IHO) Waiver Eligibility Notice

Individual: «BENENAME»
Social Security Number: «SSN»
Date of Birth: «DOB»
Address: «BENEADDRESS»
Telephone: «BENEPHONE»

This notice is to confirm that the above individual's wavier enrollment has been changed to the Medi-Cal In Home Operations (IHO) Waiver from the Department of Developmental Services (DDS) Wavier effective <<DATE>>. **This change of enrollment does not require any action by the individual at this time and his/her eligibility remains the same as it was under the DDS Waiver.**

A copy of this notice is being sent to «COUNTYCONTACT» in «COUNTY» County to notify them of the change from the Department of Developmental Services Waiver to the Medi-Cal IHO Waiver. **This letter does not require any action on your part at this time.**

Should you have any questions regarding this notice, please feel free to contact me at (916) 552-9273.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc: «COUNTYCONTACT»
«COUNTYDEPT»
«COUNTYADDRESS»
«COUNTYCITYSTATEZIP»

Note to County: **Requesting effective date of <DATE>**



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Letter 3

1501 Capitol Avenue, MS 4502; P.O. Box 942732; Sacramento, CA 94234-7320
(916) 552-9273
Internet Address: www.dhs.ca.gov

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION MEDI-CAL IN-HOME OPERATIONS WAIVERS APPROVAL FOR BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Medi-Cal In-Home Operations Waivers are limited to persons who require the nursing facility level of care or subacute services but who wish to live at home or in the community. The income and property of a parent is not used in the determination for the applicant or beneficiary child. Institutional deeming rules apply if the waiver applicant is living at home with a spouse.

- ☐ You are eligible for this program at no cost.
- ☐ You are eligible for this program with a monthly share-of-cost of \$ _____.
- You do not have to fill out monthly or quarterly status reports to get Medi-Cal.
- You must report within ten days any changes in your income, property, medical condition, or household situation.
- You will have to complete a form for your Medi-Cal annual review.
- Getting Medi-Cal does not reduce any time limits for the CalWORKS program.

Please notify your worker if there are any changes in your medical condition, living situation, income, or property.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR BIC.**

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: In-Home Operations

MC 343 (10/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE LA ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS PARA OBTENER UNA EXTENSIÓN A LOS SERVICIOS DE MEDI-CAL PARA EL CUIDADO MÉDICO EN EL HOGAR

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Teléfono del trabajador: _____
Horas de oficina: _____
Notificación de: _____

La Extensión a los Servicios de Medi-Cal para el Cuidado Médico en el Hogar, se limita a personas que requieren el nivel de atención de un establecimiento de cuidado médico o servicios subagudos, pero desean vivir en sus hogares o en la comunidad. Los ingresos y los bienes de uno de los padres no se toman en cuenta para determinar la elegibilidad del solicitante o del niño beneficiario. Las reglas relacionadas a las personas que se consideran como si estuvieran en una institución, se aplican si el solicitante o beneficiario está viviendo en su hogar con su cónyuge.

- ☐ Usted es elegible para este programa, sin costo alguno.
- ☐ Usted es elegible para este programa, pero tendrá que pagar mensualmente una parte del costo de \$ _____.
- Usted no tiene que llenar reportes mensuales o trimestrales para obtener beneficios de Medi-Cal.
- Usted tiene que reportar, en un plazo de diez días, cualquier cambio en sus ingresos, bienes, condición médica o situación en el hogar.
- Usted tendrá que completar un formulario para su evaluación anual de Medi-Cal.
- El obtener Medi-Cal no reduce ningún límite de tiempo para el programa de CalWORKs.

Por favor notifique a su trabajador si hay cambios en su condición médica, situación de vivienda, ingresos o bienes.

Siempre presente su Tarjeta de Identificación de Beneficios (BIC) a su proveedor médico, cada vez que necesite atención médica. Esta tarjeta es válida mientras usted sea elegible para recibir beneficios de Medi-Cal. NO TIRE SU TARJETA (BIC).

La regla que exige esta acción se encuentra en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: In-Home Operations

MC 342 / SP1 / 10/03/01

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION MEDI-CAL IN-HOME OPERATIONS WAIVERS DENIAL OR DISCONTINUANCE OF BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Medi-Cal In-Home Operations Waivers are limited to persons who require the nursing facility level of care or subacute services but who wish to live at home or in the community. The income and property of a parent is not used in the determination for the applicant or beneficiary child. Institutional deeming rules apply if the waiver applicant or beneficiary is living at home with a spouse.

☐ Your benefits under this program will be discontinued effective the last day of _____.

☐ Your application date of _____ is denied.

Here is/are the reason(s) why:

☐ Your property is over the limit of \$ _____.

☐ You no longer have approved waiver services.

☐ You are no longer/not living in the home.

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: In-Home Operations

MC 344 (10/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE LA ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS PARA OBTENER UNA EXTENSIÓN A LOS SERVICIOS DE MEDI-CAL PARA EL CUIDADO MÉDICO EN EL HOGAR

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Teléfono del trabajador: _____
Horas de oficina: _____
Notificación de: _____

La Extensión a los Servicios de Medi-Cal para el Cuidado Médico en el Hogar, se limita a personas que requieren el nivel de atención de un establecimiento de cuidado médico o servicios subagudos, pero desean vivir en sus hogares o en la comunidad. Los ingresos y los bienes de uno de los padres no se toman en cuenta para determinar la elegibilidad del solicitante o del niño beneficiario. Las reglas relacionadas a las personas que se consideran como si estuvieran en una institución, se aplican si el solicitante o beneficiario está viviendo en su hogar con su cónyuge.

☐ Sus beneficios bajo este programa se discontinuarán a partir del último día de _____.

☐ Su solicitud con fecha del _____ se ha negado.

Esta(s) es/son la(s) razón(es) por la cual su solicitud se ha negado:

☐ El valor de sus bienes está por encima del límite de \$ _____.

☐ Su extensión para recibir servicios no fue aprobada.

☐ Usted ya no vive/no esta viviendo en el hogar.

Usted recibirá otra notificación si usted es elegible para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BIC). Usted puede utilizarla de nuevo, si vuelve a ser elegible para recibir beneficios de otro programa de Medi-Cal.

La regla que exige esta acción se encuentra en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: In-Home Operations

MC 344 (SP) (10/03)

What are home-
and community-
based services?

What are
waivers?

What are
EPSDT and
PDHC
services?

What services
are offered under
these different
programs?

How do I
request
services?

HOME- AND COMMUNITY-BASED SERVICES BRANCH

IN-HOME OPERATIONS SECTION CONTACT INFORMATION

In-Home Operations (IHO) Section
1501 Capitol Avenue, MS 4502
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 552-9105 Main number for general information
(916) 552-9151 Fax

IHO Sacramento Regional Office
Home- and Community-Based Services
Waiver Intake Unit
(916) 552-9105 New intakes / information
(916) 552-9151 Fax

Case Management and EPSDT Units
(916) 552-9105 Information
(916) 552-9151 Fax

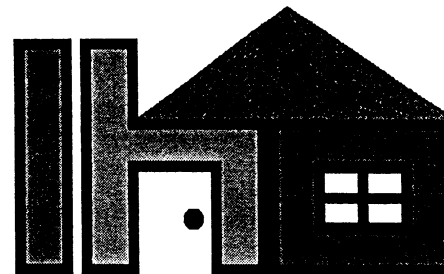
IHO Los Angeles Regional Office
Case Management Unit
311 South Spring Street, 3rd Floor
Los Angeles, CA 90030
(213) 897-6774 Information
(213) 897-7355/9314 Fax

Arnold Schwarzenegger
Governor
State of California

Grantland Johnson
Secretary
Health and Human Services Agency



Medi-Cal Operations Division IN-HOME OPERATIONS



HOME- AND COMMUNITY-BASED OPTIONS

FREQUENTLY ASKED QUESTIONS ABOUT MEDI-CAL IN-HOME OPERATIONS

WHAT IS MEDI-CAL IN-HOME OPERATIONS (IHO)?

IHO is the Section in DHS that oversees the development and implementation of home and community-based programs in the Medi-Cal program. IHO authorizes Pediatric Day Health Care (PDHC) facility services and medically necessary services in the home, including private duty nursing services, also known as shift nursing. These services may be available for Medi-Cal beneficiaries who are eligible for Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) services and/or one of the following three federal waiver programs:

- In-Home Medical Care (IHMC)
- Nursing Facility (NF) A/B
- Nursing Facility (NF) Subacute

WHAT IS EPSDT?

EPSDT is a Medi-Cal benefit for individuals under the age of 21 who have full scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Based upon the identified health care need, diagnostic and treatment services are provided. EPSDT PDHC and private duty nursing services are provided in addition to other medically necessary Medi-Cal state plan services.

WHAT SERVICES ARE OFFERED UNDER THE EPSDT BENEFIT?

EPSDT services include all services covered by Medi-Cal. In addition to the regular Medi-Cal benefits, a beneficiary under the age of 21 may receive additionally medically necessary services. These additional services are known as EPSDT Supplemental Services and include: private duty nursing services from a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN), Case Management, PDHC, and Nutritional and Mental Health Evaluations/ Services.

WHAT ARE HOME AND COMMUNITY- BASED SERVICE (HCBS) WAIVERS?

HCBS waivers allow states that participate in Medicaid - known as Medi-Cal in California - to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. Medi-Cal has an agreement with the federal government that allows for waiver services to be offered in either a home or community setting. The services offered under the waiver must cost no more than the alternative institutional level of care. Recipients of HCBS waivers must have full scope Medi-Cal eligibility.

WHAT SERVICES ARE OFFERED UNDER THESE THREE HCBS WAIVERS?

The available services under these HCBS waivers may include RN or LVN private duty nursing services, Certified Home Health Aide services, Case Management, Minor Home Modifications, Personal Emergency Response System, Family Training, Utility Coverage for life sustaining equipment, personal care services and respite.

WHO PROVIDES THE SERVICES?

There are a variety of providers, including the following:

For EPSDT -licensed and/or certified Medi-Cal providers and/or Individually enrolled supplemental private duty nursing service providers.

For HCBS waivers under IHO - licensed and certified Home Health Agencies, individual nurse providers and/or unlicensed caregivers.

HOW LONG CAN ONE HAVE THESE SERVICES?

A beneficiary may receive these home and community-based services as long as medically necessary.

HOW DOES ONE GO ABOUT REQUESTI NG THESE SERVICES?

Once the beneficiary has identified a provider of service, the provider must submit the request for services to IHO on a Treatment Authorization Request (TAR) or similar request.

In addition to the TAR, the provider will also submit the following medical documentation:

- Medical information which supports request for services,
- Assessment of care needs, i.e., nursing, personal care, etc.,
- Plan of Treatment signed by a physician, and
- Home Safety Evaluation (for HCBS waiver services only)

These documents should support medical necessity for the requested HCBS waiver or EPSDT Supplemental services.

IF OTHER IN-HOME SERVICES ARE NEEDED, HOW DOES ONE OBTAIN THEM?

A request for any service needed for the home program or PDHC program may be submitted to IHO by the appropriate provider. These services must be medically necessary. Examples of other in-home services include:

- Therapy services
- Equipment
- Transportation.

WHOM DO I CONTACT FOR FURTHER QUESTIONS?

For more information about IHO, please call:
(916) 552-9105 in Sacramento
(213) 897-6774 in Los Angeles

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Page 1 of 2

**AIDS Medi-Cal Waiver Program
NOTICE OF ACTION (NOA)
DENIAL/REDUCTION/TERMINATION OF AIDS MEDI-CAL WAIVER BENEFITS**

Name	_____	Date of Notice	_____
Address	_____	Date Services Expire	_____
	_____	Medi-Cal I.D. #	_____
		Waiver I.D. #	_____

Medi-Cal regulations allow for the provision of certain AIDS Medi-Cal Waiver Program (MCWP) Home and Community-Based Services (HCBS) to persons who meet specific criteria. We have taken the following action with respect to services requested: for the reasons noted:

- ___ 1. Denied your application or ended services for causes such as program noncompliance or personal safety of caregivers or agency staff, specifically _____.
- ___ 2. Denied your application or ended services because you do not meet eligibility requirements as follows:
- ☐ You have not submitted adequate proof of Medi-Cal eligibility, your Medi-Cal eligibility cannot be verified or you are not eligible or no longer eligible for Medi-Cal.
- ☐ Your medical condition and/or medical needs do not currently meet the Nursing Facility or higher level of care and/or your diagnosis of asymptomatic HIV or AIDS-related medical condition, does not meet eligibility requirements, or your "K score" (the Cognitive and Functional Ability Scale) on the evaluation form that is used was too high.
- ___ 3. Denied and/or reduced some portion of the services requested. Your medical condition and/or medical needs have improved necessitating a change in services ordered.
- ___ 4. Continuing to provide HCBS to you is not cost effective (i.e., the estimated cost of providing you with those services exceeds cost guidelines set by the State).
- ___ 5. Cost of services provided to you has reached the \$13,209 calendar year annual cost cap. No more AIDS Medi-Cal Waiver services can be provided to you this calendar year.
- ___ 6. The services you need are fully available to you through private insurance, Medicare, Medi-Cal, or another program.
- ___ 7. You no longer desire HCBS.
- ___ 8. Other _____

This NOA is required by Code of Federal Regulations, Title 42, Chapter IV, Subpart E, and the California Code of Regulations, Title 22, Section 51346. You have the right to ask for a State Hearing (SH) if you disagreed with any MCWP action. You only have ninety (90) days to ask for a hearing. The 90 days started the day after the MCWP gave or mailed you this notice. See page 2 for your appeal rights.

Denial or termination of AIDS MCWP benefits will not affect other medical or social services you are eligible to receive through California's Medi-Cal Program or other public benefit programs.

You may reapply for AIDS MCWP benefits at a future time if you believe you have become eligible.

Please call me for further information or if you have any questions. I may be reached at (_____) _____.

Sincerely,

Agency Representative

Agency Name

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Page 2 of 2

STATE HEARING NOTICE - YOUR RIGHT TO APPEAL THE "NOTICE OF ACTION"

State Hearing Instructions—If you do not agree with the action described, you may request a State Hearing before an Administrative Law Judge employed by the California Department of Social Services (CDSS). This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your case manager can help you request a hearing.

If you decide to request a hearing, you must do so within 90 days of the date of this notice. Your benefits will only continue until the **Services Expiration Date** listed at the top of page 1 which is at least 10 days from the date of this notice. If you are currently receiving AIDS MCWP services and you request a SH before the **Date Services Expire** indicated at the top of this notice (at least 10 days after the date of this notice), you will continue to receive services until a SH decision is made. If you are currently receiving AIDS MCWP services and you request a SH after the **Date Services Expire**, your AIDS MCWP services will stop on the **Date Services Expire**. You must verbally notify your case manager if you file an appeal within this 10-day period.

If you wish to request a State Hearing, please complete the attached *Request for a State Hearing* form and mail it to the address listed below or call the phone number provided. You must provide all the information on the form; any information missing from the request form may delay the processing of your State Hearing request. If you ask for a hearing the State Hearings Division will set up a file. You have the right to see this file before your hearing and to get a copy of the AIDS waiver provider's written position on your case at least two days before the hearing. The SHD may give your hearing file to the California Department of Health Services and the United States Department of Health and Human Services per Welfare and Institutions Code Sections 10850 and 10950.

How to Request a State Hearing—You must either complete the attached *Request for a State Hearing* form and mail it to:

California Department of Social Services
State Hearings Division
744 P Street, MS-19-37
Sacramento, CA 95814

Or call

Toll-Free Number: (800) 952-5253
Teletypewriter (TTD) only: (800) 952-8349

"Your Rights" Pamphlet Available—"Your Rights under California Welfare Programs pamphlet" issued by CDSS, provides useful information about State hearings. This pamphlet will be sent to you when your hearing request is processed.

Authorized Representative—You can represent yourself at the State Hearing or be represented by a friend, attorney, or any other person; but, you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of the Public Inquiry and Response Unit (PIAR) at (800) 952-5253.

The PIAR office can also provide further information about your hearing rights. Assistance is available in languages other than English, including Spanish.

Code of Federal Regulations, Title 42, Section 431.220, Subpart E, Chapter IV, and the California Code of Regulations, Title 22, Section 51014.1, require that this **Notice of Action/State Hearing Notice** be mailed at time of denial of an application when it is determined that you are not eligible for waiver services or at time of reduction or termination of existing services. The Notice must be mailed at **least 10 calendar days** (excluding the mailing date) before the effective date of reduction or termination of services.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Attachment

REQUEST FOR A STATE HEARING

Name	Medi-Cal I.D. Number
Address	City
<p>I am requesting a State Hearing because of Medi-Cal related action by _____, an AIDS Medi-Cal Waiver agency related to the following reason(s):</p> <p><input type="checkbox"/> Denial of my application or ending of services for causes such as noncompliance or personal safety of caregivers or agency staff OR</p> <p><input type="checkbox"/> Denial of my application or ending of services because I do not meet eligibility requirements OR</p> <p><input type="checkbox"/> Denial and/or reduction of some portion of the service(s) requested OR</p> <p><input type="checkbox"/> Ending of services because it is no longer cost effective to do so or the costs of services provided have reached the \$13,209 calendar year annual cost cap.</p> <p><input type="checkbox"/> Denial of my application or ending of services because services I need are fully available through private insurance, Medicare, Medi-Cal, or another program or I no longer desire Home and Community Based services.</p> <p><input type="checkbox"/> Other _____</p> <p><u>Describe the basis for your appeal below:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><input type="checkbox"/> I speak a language other than English and need an interpreter for my hearing. (The State will provide the interpreter at no cost to you.)</p>	
Language:	Dialect:
<p><input type="checkbox"/> I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)</p> <p>Name: _____ Phone Number: _____</p> <p>Street Address: _____</p> <p>City: _____ State _____ Zip Code _____</p>	
Signature:	Date:
<p>Mail to: California Department of Social Services State Hearings Division 744 P Street, MS-19-37 Sacramento, CA 95814 Toll-Free Number: (800) 952-5253 Teletypewriter (TTD) only: (800) 952-8349</p>	
<p>The AIDS Medi-Cal Waiver Program is administered by the Community Based Care Section, Office of AIDS, Department of Health Services, P.O. Box 997426, Sacramento, CA 95899-7426, (916) 449-5900.</p>	

MCWP2 (rev 05-2004)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Programa de Exención para Personas con el Síndrome de Inmunodeficiencia Adquirida (SIDA) bajo el Programa de Asistencia Médica de California (Medi-Cal)

NOTIFICACION DE ACCION (NOA)

NEGACION/REDUCCION/DESCONTINUACION DE LOS BENEFICIOS DE ESTE PROGRAMA

Nombre	_____	Fecha de la notificación	_____
Dirección	_____	Fecha en que los servicios se descontinuarán	_____
		Medi-Cal - # de identificación	_____
		Exención - # de identificación	_____

Los reglamentos de Medi-Cal permiten que se proporcionen ciertos servicios de casa y servicios basados en la comunidad (HCBS) a través del Programa de Exención bajo el Programa de Medi-Cal (MCWP) para Personas con SIDA si estas personas cumplen con los requisitos específicos. En relación a los servicios que se solicitaron, hemos tomado la siguiente acción debido a las razones indicadas:

- ___ 1. Negamos su solicitud o descontinuamos sus servicios debido a motivos tales como la falta de cumplimiento con los requisitos del programa o problemas en relación a la seguridad personal de los proveedores de cuidado o del personal de la agencia/oficina, específicamente _____.
- ___ 2. Negamos su solicitud o descontinuamos sus servicios debido a que usted no cumple con los requisitos de elegibilidad como se indica a continuación:
☐ Usted no ha presentado las pruebas adecuadas de elegibilidad para Medi-Cal, su elegibilidad para Medi-Cal no se puede verificar, o no es o ha dejado de ser elegible para Medi-Cal.
☐ Actualmente, su condición médica y/o sus necesidades médicas no cumplen con los requisitos para el cuidado en un establecimiento de cuidado médico continuo no intenso o a un nivel más alto y/o el diagnóstico de que usted tiene el virus de inmunodeficiencia humana (VIH) o SIDA sin presentar síntomas no cumple con los requisitos de elegibilidad, o su clasificación en la evaluación que se utiliza (la tabla de habilidad cognoscitiva y habilidad para funcionar) fue demasiado baja.
- ___ 3. Negamos y/o redujimos una porción de los servicios que se solicitaron. Su condición médica y/o sus necesidades médicas han mejorado lo cual ocasionó un cambio en los servicios que se ordenaron.
- ___ 4. El continuar proporcionándole los servicios HCBS ya no es lo más económico (es decir, el costo calculado para proporcionarle a usted esos servicios es más que las normas de costo establecidas por el Estado).
- ___ 5. El costo de los servicios que se le han proporcionado ha alcanzado los \$13,209 que es lo máximo permitido anualmente para un año civil. Para este año civil, ya no puede recibir más servicios bajo el MCWP para Personas con SIDA.
- ___ 6. Los servicios que usted necesita están completamente disponibles a través de su seguro privado, Medicare (seguro médico federal), Medi-Cal, u otro programa.
- ___ 7. Usted ya no quiere los servicios HCBS.
- ___ 8. Otra razón: _____

Esta notificación de acción es un requisito del Código de Ordenamientos Federales, Título 42, Capítulo IV, Subparte E, y el Código de Ordenamientos de California, Título 22, Sección 51346. Usted tiene derecho a solicitar una audiencia con el estado (SH) si usted no está de acuerdo con alguna acción en relación al MCWP. Tiene solamente noventa (90) días para solicitar una audiencia. Los 90 días empezaron a contar al siguiente día de cuando el MCWP le dio o le envió por correo esta notificación. Para los derechos que tiene para apelar, vea la página 2.

La negación o discontinuación de los beneficios del MCWP para Personas con SIDA no afectará otros servicios médicos o sociales para los cuales usted es elegible bajo el Programa de Medi-Cal u otros programas de beneficios públicos.

En el futuro, puede volver a solicitar los beneficios del MCWP para Personas con SIDA si usted cree que ya es elegible.

Para más información o si tiene alguna pregunta, por favor llámeme. Mi número de teléfono es () _____.

Atentamente.

Representante de la agencia/oficina

Nombre de la agencia/oficina

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOTIFICACION DE UNA AUDIENCIA CON EL ESTADO - SU DERECHO A APELAR LA "NOTIFICACION DE ACCION"

Instrucciones en relación a una audiencia con el estado—Si usted no está de acuerdo con la acción descrita, usted puede solicitar una audiencia con el estado ante un juez de leyes administrativas empleado por el Departamento de Servicios Sociales de California (CDSS). Esta audiencia se llevará a cabo en una manera informal para asegurar que todas las personas presentes puedan hablar libremente. La persona encargada de su caso puede ayudarle a solicitar una audiencia. Si usted decide solicitar una audiencia, tiene que hacerlo antes de que pasen 90 días a partir de la fecha de esta notificación. Sus beneficios solamente continuarán hasta la "**Fecha en que los beneficios se discontinuarán**" que aparece en la parte de arriba de la página 1, la cual es al menos 10 días después de la fecha de esta notificación. Si actualmente está recibiendo servicios bajo el MCWP para Personas con SIDA y usted solicita una audiencia con el estado antes de la "**Fecha en que los beneficios se discontinuarán**" anotada en la parte de arriba de esta notificación (al menos 10 días después de la fecha de esta notificación), usted continuará recibiendo los servicios hasta que se emita la decisión de la audiencia con el estado. Si actualmente está recibiendo servicios bajo el MCWP para Personas con SIDA y usted solicita una audiencia con el estado después de la "**Fecha en que los beneficios se discontinuarán**", los servicios se discontinuarán en dicha fecha. Si usted presenta una apelación antes que se termine el periodo de 10 días, tiene que notificarle verbalmente al trabajador encargado de su caso.

Si desea solicitar una audiencia con el estado, por favor complete el formulario de "Petición para una audiencia con el estado" adjunto y envíelo por correo a la dirección que aparece abajo o llame al número de teléfono que se proporciona. Usted tiene que proporcionar toda la información en el formulario; cualquier información que falte en el formulario pudiera atrasar la tramitación de su petición para una audiencia con el estado. Si usted solicita una audiencia, la División de Audiencias Administrativas preparará un expediente. Al menos dos días antes de su audiencia, usted tiene derecho a ver su expediente y a recibir una copia escrita de la declaración de posición sobre su caso del proveedor de la exención para las personas con SIDA. De acuerdo a lo estipulado en las Secciones 10850 y 10950 del Código de Bienestar Público e Instituciones, la División de Audiencias Administrativas puede darle su expediente de la audiencia al Departamento de Servicios de Salud de California y al Departamento de Servicios de Salud y Servicios Humanos de los Estados Unidos.

Cómo solicitar una audiencia con el estado—Usted puede completar el formulario de "Petición para una audiencia con el estado" adjunto y enviarlo por correo al Departamento de Servicios Sociales de California (CDSS) a la siguiente dirección:

California Department of Social Services
State Hearings Division
P.O. Box 944243
Sacramento, CA 94244-2430

o puede llamar al

Número de teléfono gratuito: (800) 952-5253
Teletipo (TTY) solamente: (800) 952-8349

Folleto disponible acerca de sus derechos—El folleto "Sus derechos bajo los programas de asistencia pública de California" publicado por el CDSS le proporciona información útil acerca de las audiencias con el estado. Le enviarán este folleto una vez que se tramite su petición para una audiencia.

Representante autorizado—En la audiencia con el estado, se puede representar a sí mismo o puede ser representado por un amigo, abogado, o cualquier otra persona; pero, usted tiene que hacer los arreglos para tener a un representante. Puede obtener ayuda para localizar asesoramiento legal sin costo llamando al número de teléfono gratuito de la Oficina de Preguntas y Respuestas al Público (PIAR) al (800) 952-5253.

La Oficina de PIAR también le puede proporcionar más información acerca de sus derechos en relación a una audiencia. Esta información se proporciona en varios idiomas aparte del inglés, incluyendo el español.

La Sección 431.220 del Código de Ordenamientos Federales, Título 42, Capítulo IV, Subparte E, y la Sección 51014.1 del Código de Ordenamientos de California, Título 22, estipulan que esta **Notificación de acción/Notificación de una audiencia con el estado** se tiene que enviar por correo cuando se niegue una solicitud debido a que se determinó que usted ya no es elegible para los servicios bajo una exención o cuando se reduzcan o discontinúen los servicios actuales. La notificación se tiene que enviar por correo **al menos 10 días consecutivos** (excluyendo la fecha en que se envió) antes de la fecha en que entre en vigor la reducción o discontinuación de los servicios.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

PETICION PARA UNA AUDIENCIA CON EL ESTADO

Nombre	Número de identificación de Medi-Cal
Dirección	Ciudad
<p>Estoy solicitando una audiencia con el estado debido a una acción relacionada a Medi-Cal que tomó _____, una agencia/oficina que proporciona exenciones para personas con SIDA para el Programa de Medi-Cal. El motivo (o motivos) aparece a continuación:</p> <p><input type="checkbox"/> Negación de mi solicitud o discontinuación de los servicios debido a motivos tales como la falta de cumplimiento con los requisitos del programa o problemas en relación a la seguridad personal de los proveedores de cuidado o del personal de la agencia/oficina, <u>Q</u></p> <p><input type="checkbox"/> Negación de mi solicitud o discontinuación de los servicios debido a que no cumpla con los requisitos de elegibilidad, <u>Q</u></p> <p><input type="checkbox"/> Negación y/o reducción de una porción de los servicios solicitados, <u>Q</u></p> <p><input type="checkbox"/> Discontinuación de los servicios debido a que el proporcionar los servicios ya no es lo más económico o porque el costo de los servicios proporcionados ha alcanzado los \$13,209 que es lo máximo permitido anualmente para un año civil.</p> <p><input type="checkbox"/> Negación de mi solicitud o discontinuación de los servicios debido a que los servicios que necesito están completamente disponibles a través de un seguro privado, Medicare (seguro médico federal), Medi-Cal, u otro programa o debido a que yo ya no quiero los servicios de casa y basados en la comunidad.</p> <p><input type="checkbox"/> Otro motivo: _____ Describa a continuación en que se basa su apelación: _____ _____ _____</p>	
<p><input type="checkbox"/> Hablo otro idioma que no es el inglés y necesito un intérprete para mi audiencia. (El Estado le proporcionará un intérprete sin costo para usted.)</p>	
Idioma:	Dialecto:
<p><input type="checkbox"/> Quiero que la persona cuyo nombre aparece a continuación me represente en esta audiencia. Otorgo el permiso para que esta persona vea mis expedientes o asista a la audiencia en mi nombre. (Esta persona puede ser un amigo o pariente pero no puede ser su intérprete.)</p> <p>Nombre: _____ Número de teléfono: _____</p> <p>Domicilio: _____</p> <p>Ciudad: _____ Estado _____ Código postal _____</p>	
Firma:	
Envíe por correo a: California Department of Social Services State Hearings Division P.O. Box 944243 Sacramento, CA 94244-2430 Número de teléfono gratuito: (800) 952-5253 Teletipo (TTY) solamente: (800) 952-8349	
El Programa de Exención para Personas con SIDA bajo el Programa de Medi-Cal es administrado por la Sección del Cuidado Basado en la Comunidad en la Oficina del SIDA en el Departamento de Servicios de Salud; la dirección y número de teléfono son: AIDS Medi-Cal Waiver Program, Community Based Care Section, Office of AIDS, Department of Health Services, 611 N. Seventh Street, P.O. Box 942732, Sacramento, CA 94234-7320, (916) 445-0553.	

MCWP (SP) (Rev. 02-2001)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MULTIPURPOSE SENIOR SERVICES PROGRAM SITE ROSTER

1 CITY OF OAKLAND (PSA 9)

Analyst: Gloria Abernethy

Nurse: Vacant

(510) 238-3762 FAX # (510) 238-7696

EMAIL: ljohnson@oaklandnet.com

Linda Johnson, Site Director

Multipurpose Senior Services Program
City of Oakland
Department of Human Services
150 Frank G. Ogawa Plaza, Suite 4340
Oakland, California 94612

2 COUNTY OF SANTA CRUZ HUMAN

RESOURCES AGENCY (PSA 13)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

(831) 454-4600 FAX # (831) 454-4610

EMAIL: hra261@hra.co.santa-cruz.ca.us

Francie Newfield, Program Manager

Multipurpose Senior Services Program
Adult and Long-Term Care Services
County of Santa Cruz
Human Resources Agency
1400 Emeline Avenue, Building K
P.O. Box 1320
Santa Cruz, California 95061

3 ALTAMED HEALTH SERVICES CORP.

(PSA 25)

Analyst: John Cummins

Nurse: Vacant

Hugo Romo, Site Director

Direct Line: (323) 307-0229

Vangie Reichwein *Direct Line: (323) 307-0228*

Claudia Gallegos *Direct Line: (323) 307-0212*

Martha Ocampo *Direct Line: (323) 307-0214*

Anwar Zoueihid *Direct Line: (323) 307-0213*

(323) 307-0200 FAX # (323) 307-0294

EMAIL: hromo@altamed.org

Hugo Romo, Site Director

Multipurpose Senior Services Program
AltaMed Senior Health and Activity Center
512 S. Indiana Street
Los Angeles, California 90063

*Marie Torres, Senior Vice-President,
Long-Term Care and Government Relations

***All correspondence should have cc to
Marie Torres.**

4 JEWISH FAMILY SERVICE OF

LOS ANGELES (PSA 25)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

(323) 937-5930 FAX # (323) 954-1319

EMAIL: pgoodman@jfsmsp.org

Perri S. Sloane Goodman, Site Director

Multipurpose Senior Services Program
Jewish Family Service of Los Angeles
330 North Fairfax Avenue
Los Angeles, California 90036

02-23-2004 MSSP Site Roster

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5 SENIOR CARE ACTION

NETWORK (SCAN) (PSA 19)

Analyst: Gloria Abernethy

Nurse: Sherry DeBarbieri

Denise Likar, Site Director

(562) 492-9878, Ext. 138

Direct Line: (562) 981-0328

(562) 492-9878 FAX # (562) 492-6540

EMAIL: dlikar@independenceathome.org

Denise Likar, Site Director

Multipurpose Senior Services Program
Senior Care Action Network Health Plan, Inc.
2501 Cherry Avenue, Suite 380
Signal Hill, California 90755

6 INSTITUTE ON AGING (PSA 6)

Analyst: Larry Leboda

Nurse: Sherry DeBarbieri

E. Anne Hinton, Site Director

Direct Line: (415) 750-4150, Ext. 300

(415) 750-4150 FAX # (415) 750-4196

EMAIL: ahinton@ioaging.org

E. Anne Hinton, Director

Multipurpose Senior Services Program
Case Management Services
MSSP/Linkages Program
Institute on Aging
3626 Geary Boulevard
San Francisco, California 94118

7 SAN DIEGO COUNTY AGING AND INDEPENDENCE SERVICES (PSA 23)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

Rick Wanne, Site Director

Direct Line: (858) 495-5097

(858) 495-5885 FAX # (858) 495-5080

EMAIL: richard.wanne@sdcounty.ca.gov

Rick Wanne, Site Director

Multipurpose Senior Services Program
Aging & Independence Services
County of San Diego
9335 Hazard Way, Suite 100
San Diego, California 92123

8 COMMUNITY CARE MANAGEMENT CORPORATION (PSA 26)

AKA: UKIAH

Analyst: Gloria Abernethy

Nurse: Vacant

Cynthia D. Coale, Executive Director

Multipurpose Senior Services Program
Community Care Management Corporation

Main Office:

301 South State Street
Ukiah, California 95482

(707) 468-9347 FAX # (707) 468-5234

EMAIL: commcare@pacific.net

Satellite Address & Telephone #s:

14642 "C" Lakeshore Drive
Clearlake, California 95422
(707) 995-7010/Fax: (707) 995-1830

490 North Harold Street - P.O. Box 1925
Fort Bragg, California 95437
(707) 964-4027/Fax: (707) 964-9214

9 HUMBOLDT SENIOR RESOURCE CENTER, INC. (PSA 1)

Analyst: Larry Leboda

Nurse: Vacant

(707) 443-9747 FAX # (707) 444-2065

EMAIL: nconlon@humsenior.org and

Nancy Conlon, Site Director

Multipurpose Senior Services Program
Humboldt Senior Resource Center, Inc.
1910 California Street
Eureka, California 95501

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

10 CALIFORNIA STATE UNIVERSITY, CHICO (PSA 3)

*Analyst: Gloria Abernethy
Nurse: Vacant*

Arlene Phalen Hostetter, Site Director
Direct Line: (530) 898-6191

(530) 898-5082 FAX # (530) 898-4870

EMAIL: ahostetter@csuchico.edu

Arlene Phalen Hostetter, Site Director
Multipurpose Senior Services Program
Area Agency on Aging, PSA 3
California State University, Chico
2491 Carmichael Drive, Suite 400
Chico, California 95928-7132

11 SONOMA COUNTY AREA AGENCY ON AGING (PSA 27)

*Analyst: Gloria Abernethy
Nurse: Vacant*

Diane Kaljian, Site Director
Direct Line: (707) 565-5932

(707) 565-5970 FAX # (707) 565-5957

EMAIL: dkaljian@schsd.org

Diane Kaljian, Site Director
Multipurpose Senior Services Program
Sonoma County Area Agency on Aging
P.O. Box 4059
Santa Rosa, California 95402-4059

12 UNIVERSITY OF CALIFORNIA, DAVIS CARE MANAGEMENT (PSA 4)

*Analyst: Gloria Abernethy
Nurse: Sherry DeBarbieri*

Paula Bosler, Interim Site Director
Direct Line: (916) 734-6043

(916) 734-5432 FAX # (916) 454-3070

EMAIL: paula.bosler@ucdmc.ucdavis.edu

Paula Bosler, Interim Site Director
Multipurpose Senior Services Program
University of California, Davis Care Management
3700 Business Drive, Suite 130
Sacramento, California 95820

13 COUNTY OF SAN MATEO DEPT. OF HEALTH SERVICES (PSA 8)

*Analyst: Wendy Pride
Nurse: Vacant*

Pam Borrelli, Site Director
Direct Line: (650) 573-3512

Chris Rodriguez, Supervisor
Direct Line: (650) 573-2703

(650) 573-3900 FAX # (650) 573-2310

EMAIL: pborrelli@co.sanmateo.ca.us

Pam Borrelli, Site Director
Multipurpose Senior Services Program
Aging & Adult Services Division
Department of Health Services,
County of San Mateo
P.O. Box 5892
San Mateo, California 94403

14 STANISLAUS COUNTY COMMUNITY SERVICES AGENCY (PSA 30)

*Analyst: John Cummins
Nurse: Vacant*

Egon Stammeler, MSW, Site Director
Direct Line: (209) 652-1755

(209) 558-2233 FAX # (209) 558-2681

EMAIL: Stammeg@mail.co.stanislaus.ca.us

Egon Stammeler, MSW, Site Director
Multipurpose Senior Services Program
Stanislaus County
Community Services Agency
P.O. Box 42
Modesto, California 95353-0042

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

15 COUNTY OF SANTA BARBARA

PUBLIC HEALTH DEPARTMENT (PSA 17)

Analyst: John Cummins
Nurse: Sherry DeBarbieri

Susan Lindman, Site Director
Multipurpose Senior Services Program
County of Santa Barbara
Public Health Department
2125 South Centerpointe Parkway
Santa Maria, California 93455-1340

(805) 346-8385 FAX # (805) 346-8386

EMAIL: slindma@co.santa-barbara.ca.us

Santa Barbara Site Address:

345 Camino Del Remedio
Third Floor, Building 4
Santa Barbara, California 93110
(805) 681-5452

16 HUNTINGTON MEMORIAL HOSPITAL

(PSA 19)

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

Eileen Koons, M.S.W.,
Director of Government Programs
Direct Line: (626) 397-2011
Pager: (626) 932-9197
Fax: (626) 397-2982

(626) 397-3110 FAX # (626) 397-2996

EMAIL: eileen.koons@huntingtonhospital.com

Eileen Koons, M.S.W.,
Director of Government Programs
Multipurpose Senior Services Program
Senior Care Network
Huntington Memorial Hospital
837 South Fair Oaks Avenue, Suite 100
Pasadena, California 91105-2619

17 SAN BERNARDINO (PSA 20)

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

(909) 891-9016 FAX # (909) 891-9039

EMAIL: ceklund@hss.sbcounty.gov

Carl Eklund, Site Director
Multipurpose Senior Services Program
County of San Bernardino – East Valley
Department of Aging and Adult Services
Senior Home and Health Care
686 E. Mill Street, Second Floor
San Bernardino, California 92415-0640

18 COUNTY OF ORANGE

SOCIAL SERVICES AGENCY (PSA 22)

Analyst: Larry Leboda
Nurse: Vacant

Chrisy Fong, Site Director
Direct Line: (714) 825-3107

(714) 825-3000 FAX # (714) 825-3155

EMAIL: cfong@ssa.co.orange.ca.us

Chrisy Fong, Site Director
Multipurpose Senior Services Program
Social Services Agency
County of Orange
P.O. Box 22006
Santa Ana, California 92702-2006

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

20 COUNCIL ON AGING

OF SILICON VALLEY, INC. (PSA 10)

Analyst: John Cummins

Nurse: Vacant

*Stephen M. Schmoll, Executive Director
Council on Aging of Silicon Valley, Inc.
2115 The Alameda
San Jose, California 95126

**Correspondence is addressed to S. Schmoll.*

(408) 296-8290 FAX # (408) 243-4708

EMAIL: mssp@scccoa.org

Trudi Stone, Site Director

Multipurpose Senior Services Program
Case Management Services
Council on Aging of Silicon Valley, Inc.
2115 The Alameda
San Jose, California 95126

21 FRESNO-MADERA AREA AGENCY ON AGING (PSA 14)

Analyst: Gloria Abernethy

Nurse: Vacant

Brian Trevarrow, Deputy Director

Direct Line: (559) 488-3821

*2220 Tulare Street, Suite 1200
Fresno, California 93721-2106

**Mail all "Correspondence" to this address.*

(559) 453-4405 FAX # (559) 453-5111

EMAIL: btrevarrow@fmaaa.org

Brian Trevarrow, Deputy Director

Multipurpose Senior Services Program
Fresno-Madera Area Agency on Aging
2085 East Dakota Avenue
Fresno, California 93726

22 SAN JOAQUIN COUNTY (PSA 11)

Analyst: Wendy Pride

Nurse: Sherry DeBarbieri

*Joseph E. Chelli, Director
San Joaquin County
Human Services Agency
P.O. Box 201056
Stockton, California 95201-3006
Direct Line: (209) 468-1650
Fax: (209) 468-1985

**Correspondence is addressed to Joseph Chelli.*

(209) 468-2202 FAX # (209) 468-2207

EMAIL: wmoore@co.san-joaquin.ca.us

Wendy Moore, Site Director

Multipurpose Senior Services Program
San Joaquin County
P.O. Box 201056
Stockton, California 95201-3006
(209) 468-3805

23 IMPERIAL COUNTY WORK TRAINING CENTER (PSA 24)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

(760) 352-6181 FAX # (760) 352-6332

EMAIL: jaalvarez@icwtc.org

Arnold Alvarez, Site Director

Multipurpose Senior Services Program
Imperial County Work Training Center, Inc.
210 Wake Avenue
El Centro, California 92243

24 RIVERSIDE (PSA 21)

Analyst: Wendy Pride

Nurse: Vacant

Ed Walsh, Site Director

Direct Line: (909) 697-4697, Ext. 229

(909) 697-4697 FAX # (909) 697-4667

EMAIL: ewalsh@co.riverside.ca.us

Ed Walsh, Site Director

Multipurpose Senior Services Program
Riverside County Office on Aging
6296 Rivercrest Drive, Suite K
Riverside, California 92507

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

25 GOLDEN UMBRELLA (PSA 2)

AKA: Redding
Analyst: Larry Leboda
Nurse: Vacant

Mark Calkins, Site Director
Direct Line: (530) 226-3013

(530) 223-6034 FAX # (530) 223-0658

EMAIL: mcalkins@chw.edu

Mark Calkins, Site Director
Multipurpose Senior Services Program
Golden Umbrella
2227 College View Drive
Redding, California 96003

26 MARIN (PSA 5)

Analyst: Gloria Abernethy
Nurse: Sherry DeBarbieri

Bernadette Sweeney, Site Director
Direct Line: (415) 419-3602

(415) 491-7960 FAX # (415) 472-7569

EMAIL: bernadettes@jifcs.org

Bernadette Sweeney, Site Director
Multipurpose Senior Services Program
Seniors At Home
Jewish Family and Children's Services
600 Fifth Avenue
San Rafael, California 94901

27 CONTRA COSTA (PSA 7)

Analyst: Larry Leboda
Nurse: Sherry DeBarbieri

(925) 335-8710 FAX # (925) 335-8738

EMAIL: landerso@ehsd.co.contra-costa.ca.us or

Linda Anderson, Site Director
Multipurpose Senior Services Program
Contra Costa County Office on Aging
2530 Arnold Drive, Suite 300
Martinez, California 94553

28 MERCED COUNTY (PSA 31)

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

Richard Readell, MSW, Supervisor
Direct Line: (209) 722-1738, Ext. 3167
Fax #: (209) 725-3837

(209) 385-3000, Ext. 5200

FAX # (209) 725-3988

EMAIL: rwalton@hsa.co.merced.ca.us

Rhonda L. Walton, Deputy Director
Multipurpose Senior Services Program
Merced County Human Services Agency
2115 West Wardrobe Avenue
P.O. Box 112
Merced, California 95341-0112

29 COUNTY OF KERN KERN COUNTY AGING AND ADULT SERVICES

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

(661) 868-1095 FAX # (661) 868-0921

EMAIL: gardenr@co.kern.ca.us

Robin Garden, Site Director
Multipurpose Senior Services Program
County of Kern
Kern County Aging and Adult Services
5357 Truxtun Avenue Extension
Bakersfield, California 93309

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

30 MONTEREY (PSA 32)

Analyst: Larry Leboda

Nurse: Vacant

Andy Williams, Site Director

Direct Line: (831) 755-3467

Margarita Robles

Fiscal Officer

1000 S. Main Street, Suite 306

Salinas, California 93901

(831) 755-3403 FAX # (831) 751-1729

EMAIL: williamsa@co.monterey.ca.us

Andy Williams, Site Director

Multipurpose Senior Services Program

Monterey County Department of Social Services

713 La Guardia Street, Suite A

Salinas, California 93905

31 NAPA/SOLANO (PSA 28)

Analyst: Larry Leboda

Nurse: Vacant

Kelly Hiramoto, LCSW, Supervisor

MSSP/Linkages Serving Napa & Solano

Direct Line: (707) 643-5170, Ext. 20

(707) 644-6612 FAX # (707) 644-7905

EMAIL: leanne@aaans.org

Leanne Martinsen, Executive Director

Multipurpose Senior Services Program

Area Agency on Aging Serving Napa & Solano

601 Sacramento Street, #1401

Vallejo, California 94590

32 AREA 12 AGENCY ON AGING (PSA 12)

Analyst: Larry Leboda

Nurse: Sherry DeBarbieri

(209) 532-6272 FAX # (209) 532-6501

EMAIL: aemmer@area12.org

Adam Emmer, Site Director

Multipurpose Senior Services Program

Area 12 Agency on Aging

13975 Mono Way, Suite E

Sonoma, California 95370

33 KINGS/TULARE (PSA 15)

Analyst: John Cummins

Nurse: Vacant

Elissa Padilla, Site Director

Phone Number & Ext: (559) 730-9921, Ext. 313

Pamela Nelson, Supervisor

(559) 730-9921 FAX # (559) 624-1042

EMAIL: epadilla@tularehhsa.org

Elissa Padilla, Site Director

Multipurpose Senior Services Program

Kings/Tulare Area Agency on Aging

3500 West Mineral King Avenue, Suite A

Visalia, California 93291

34 VENTURA (PSA 18)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

(805) 477-7300 FAX # (805) 477-7312

EMAIL: maryleu.pappas@mail.co.ventura.ca.us

Mary Leu Pappas, Site Director

Multipurpose Senior Services Program

County of Ventura Area Agency on Aging

646 County Square Drive, Suite 100

Ventura, California 93003-9086

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

35 EL DORADO (PSA 29)

Analyst: Gloria Abernethy

Nurse: Vacant

Janet Walker-Conroy, Public Guardian, Director

Direct Line: (530) 621-6317

Accounting/Contract Office

937 Spring Street

Placerville, California 95667

Direct Line: (530) 621-6165

(530) 621-6300 FAX # (530) 622-1543

EMAIL: jwconroy@co.el-dorado.ca.us

Janet Walker-Conroy, Public Guardian, Director

Multipurpose Senior Services Program

El Dorado County

Department of Community Services

630 Main Street

Placerville, California 95667

36 THE COUNTY OF YUBA

(PSA 4)

Analyst: Larry Leboda

Nurse: Vacant

Ginny Tuscano, Program Manager

Direct Line: (530) 749-6775

(530) 749-6775 FAX # (530) 749-6244

EMAIL: gtuscano@co.yuba.ca.us

Ginny Tuscano, Program Manager

Multipurpose Senior Services Program

Yuba County

Health and Human Services Department

6000 Lindhurst Avenue, Suite 700 C

Marysville, California 95901

37 CITY OF FREMONT (PSA 9)

Analyst: Gloria Abernethy

Nurse: Vacant

Mary Anne Mendall, Site Director

Direct Line: (510) 574-2062

(510) 574-2050 FAX # (510) 574-2054

EMAIL: mamendall@ci.fremont.ca.us

Mary Anne Mendall, Site Director

Multipurpose Senior Services Program

City of Fremont

3300 Capitol Avenue

Fremont, California 94537-5006

38 INYO-MONO AREA AGENCY ON

AGING (PSA 16)

Analyst: Larry Leboda

Nurse: Vacant

(760) 873-6364 FAX # (760) 873-5103

EMAIL: imaaa@qnet.com

Charles Broten, Director

Multipurpose Senior Services Program

Inyo-Mono Area Agency on Aging

P.O. Box 1799

Bishop, California 93515

39 HUMAN SERVICES ASSOCIATION

(PSA 19)

Analyst: Wendy Pride

Nurse: Sherry DeBarbieri

(562) 806-5400 FAX # (562) 806-1006

EMAIL: darren.dunaway@hsala.org

Darren Dunaway, Senior Services Director

Multipurpose Senior Services Program

Human Services Association

6800 Florence Avenue

Bell Gardens, California 90201

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

40 PARTNERS IN CARE FOUNDATION

(PSA 19)

Analyst: Wendy Pride

Nurse: Sherry DeBarbieri

(818) 526-1780, EXT. 108

FAX # (818) 526-1788

EMAIL: jcook@picf.org

James Cook, Director

Multipurpose Senior Services Program

Partners In Care Foundation

101 South First Street, Suite 1000

Burbank, California 91502

41 CALOPTIMA (PSA 22)

Analyst: Larry Leboda

Nurse: Sherry DeBarbieri

(714) 246-8400 FAX # (714) 481-6536

EMAIL: jpiloo@caloptima.org

Jim Pijloo, Site Director

Multipurpose Senior Services Program

CalOptima

1120 West La Veta Avenue, Suite 200

Orange, California 92868

Jim Pijloo, Site Director

Direct Line: (714) 246-8773

43 PARTNERS IN CARE FOUNDATION-

SOUTH (PSA 19)

Analyst: Wendy Pride

Nurse: Sherry DeBarbieri

(310) 632-9980 FAX # (310) 632-9984

EMAIL: jcook@picf.org

James Cook, Director

Multipurpose Senior Services Program

Partners In Care Foundation-South

3737 E. Martin Luther King Jr. Boulevard

Lynwood, California 90262

Gretchen Washington, Supervisor

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

All County Letter MSSP Contact Names

#	SITE	LOCATION OF SITE	PHONE NUMBER	CONTACT NAME
1	City of Oakland	Oakland	510-238-3762	Linda Johnson
2	County of Santa Cruz, Human Resources Agency	Santa Cruz	831-454-4600	Francie Newfield
3	AltaMed Health Services Corp.	Los Angeles, 90063	323-307-0200	Hugo Romo
4	Jewish Family Service of Los Angeles	Los Angeles, 90036	323-937-5930	Bernie Gruenbaum
5	Senior Care Action Network	Signal Hill	562-492-9878	Kit Donaldson
6	Institute on Aging	San Francisco	415-750-4141	Madelon Thompson
7	San Diego County Aging and Independence Services	San Diego	858-495-5885	Rick Wanne
8	Community Care Management Corp.	Clearlake/Fort Bragg	707-468-9347	Cynthia Coale
9	Humboldt Senior Resource Center	Eureka	707-443-9747	Robin Burdick
10	California State University, Chico	Chico	530-898-5082	Annette Spanutius
11	Sonoma County Area Agency on Aging	Santa Rosa	707-565-5970	Lynn Carolin
12	University of California, Davis Care Management	Sacramento	916-734-5432	Jill DeCou
13	County of San Mateo Department of Health Services	San Mateo	650-573-3900	Blaise Menez
14	Stanislaus County Community Services Agency	Modesto	209-558-2233	Diana Del Barba
15	County of Santa Barbara Public Health Department	Santa Barbara	805-346-8386	Susan Lindman
16	Huntington Memorial Hospital	Pasadena	626-397-3110	Lois Zagha
17	County of San Bernardino - East Valley	San Bernardino	909-891-9010	Debra Billings-Merlos
18	County of Orange Social Services Agency*	Santa Ana	714-825-3000	Chrisy Fong
19	Watts	no longer an MSSP provider		
20	Council on Aging of Silicon Valley, Inc.	San Jose	408-296-8290	Trudi Stone
21	Fresno/Madera Area Agency on Aging	Fresno	559-453-4405	Cindie Van Noy
22	San Joaquin County	Stockton	209-468-2202	Annette DePauli
23	Imperial County Work Training Center	El Centro	760-352-6181	J. Arnoldo Alvarez
24	Riverside County Office on Aging	Riverside	909-697-4697	Ed Walsh
25	Golden Umbrella	Redding	530-223-6034	Julie Anderson
26	Jewish Family and Children's Services	San Rafael	415-491-7960	Bernadette Sweeney
27	Contra Costa County Office on Aging	Martinez	925-335-8710	Erma Wardley
28	Merced County Human Services Agency	Merced	209-722-1738 x3164	Linda Nicholas
29	County of Kern, Aging and Adult Services	Bakersfield	661-868-1095	Robin Garden
30	Monterey County Department of Social Services	Salinas	831-755-3403	Andy Williams
31	Area Agency on Aging Serving Napa & Solano	Vallejo	707-644-6612	Kelly Hiramoto
32	Area 12 Agency on Aging	Sonoma	209-532-6272	Janet Miller
33	Kings/Tulare Area Agency on Aging	Visalia	559-730-9921	Elissa M. Padilla
34	County of Ventura Area Agency on Aging	Ventura	805-477-7300	Mary Leu Pappas
35	El Dorado County Department of Community Services	Diamond Springs	530-621-6300	Janet Walker-Conroy
36	Yuba County Health Services	Marysville	530-749-6775	Shirley Baker
37	City of Fremont	Fremont	510-574-2050	Stephen Laird
38	Inyo-Mono Area Agency on Aging	Bishop	760-873-6364	Charles Broten
39	Human Services Association	Bell Gardens	562-806-5400	Darren Dunaway
40	Partners in Care Foundation**	Burbank	818-526-1780 x129	Aloyce Rachal
41	CalOptima	Orange	714-246-8400	Jim Pijloo
42	AAUC	no longer an MSSP provider		
43	South Central**	Lynwood	818-526-1780 x129	Aloyce Rachal

Orange* - contract ends 6/30/03.

Partners in Care** - covers the Watts/South Central LA area under a distinct contract/office effective 4/01/03.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL OF BENEFITS MULTIPURPOSE SENIOR SERVICES PROGRAM WAIVER

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The California Department of Aging's Medi-Cal Multipurpose Senior Services Program (MSSP) waiver provides extra services to persons 65 years of age or more who meet the MSSP requirements and who qualify for Medi-Cal under special deeming rules when they live with a spouse.

- ☐ You are entitled to full Medi-Cal benefits including case management services with no monthly cost beginning _____.
- ☐ You are entitled to full Medi-Cal benefits including case management services beginning _____. Your monthly share-of-cost is \$_____.

In order to remain eligible for this program, you must:

- Report changes, such as your income, health insurance, living situation, medical condition, property, or your address within 10 days.
- Continue to meet the Department of Aging rules for this waiver.
- Provide any requested information.

If you do not have a plastic Benefits Identification Card (BIC), you will receive one soon. Always show your BIC to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The statute that requires this action is Section 51346, Title 22, California Code of Regulations.

cc: Department of Aging

MC 365 (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS DE SERVICIOS DE EXTENSIÓN PARA EL PROGRAMA DE SERVICIOS CON PROPÓSITO MÚLTIPLE PARA LAS PERSONAS DE LA TERCERA EDAD

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Los Servicios de Extensión para el Programa de Medi-Cal de Servicios con Propósito Múltiple para las Personas de la Tercera Edad (*Medi-Cal Multipurpose Senior Services Program—MSSP*) del Departamento para las Personas de la Tercera Edad de California, proporciona servicios adicionales para las personas de 65 años de edad, o mayores, quienes cumplan con los requisitos del *MSSP*, y reúnan los requisitos para recibir beneficios de Medi-Cal, bajo las reglas de consideración especial, cuando vivan con un(a) cónyuge.

- ☐ Usted tiene derecho a recibir beneficios completos de Medi-Cal, incluyendo los servicios de administración del caso, sin costo mensual, a partir del _____.
- ☐ Usted tiene derecho a recibir beneficios completos de Medi-Cal, incluyendo los servicios de administración del caso, a partir del _____. Su parte del costo mensual es de \$_____.

Para continuar reuniendo los requisitos para este programa, usted tiene que:

- Reportar, en un plazo de 10 días, cualquier cambio, como por ejemplo, en sus ingresos, seguro médico, situación en el hogar, condición médica, propiedad o su dirección.
- Continuar cumpliendo con las reglas para estos servicios de extensión, establecidas por el Departamento para las Personas de la Tercera Edad.
- Proporcionar cualquier información solicitada.

Si usted no tiene una Tarjeta de Identificación de Beneficios de plástico (*Benefits Identification Card—BIC*), pronto recibirá una. Siempre presente su *BIC* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU TARJETA BIC DE PLÁSTICO.**

El estatuto que requiere esta acción se establece en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Departamento para las Personas de la Tercera Edad

MC 365 (SP) (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

**MEDI-CAL
NOTICE OF ACTION
DENIAL OR DISCONTINUANCE OF BENEFITS
MULTIPURPOSE SENIOR SERVICES
PROGRAM WAIVER**

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone number: _____

Office hours: _____

Notice for: _____

The California Department of Aging's Medi-Cal Multipurpose Senior Services Program (MSSP) Waiver provides extra services to persons 65 years of age or more who meet the MSSP requirements and who qualify for Medi-Cal under special deeming rules when they live with a spouse.

☐ Your benefits under this program will be discontinued effective the last day of _____.

☐ Your application date of _____ is denied.

Here is/are the reason(s) why:

☐ Your property is over the limit of _____.

☐ The Department of Aging has informed us that you are no longer eligible for waiver services.

☐ You are no longer living in the home with your spouse.

☐ Other: _____

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The statute that requires this action is Section 51346, Title 22, California Code of Regulations.

cc: Department of Aging

MC 366 (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O SUSPENSIÓN DE BENEFICIOS DE SERVICIOS DE EXTENSIÓN PARA EL PROGRAMA DE SERVICIOS DE PROPÓSITO MÚLTIPLE PARA LAS PERSONAS DE LA TERCERA EDAD

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Los Servicios de Extensión para el Programa de Medi-Cal de Servicios con Propósito Múltiple para las Personas de la Tercera Edad (*Medi-Cal Multipurpose Senior Services Program—MSSP*) del Departamento para las Personas de la Tercera Edad de California, proporciona servicios adicionales para las personas de 65 años de edad, o mayores, quienes cumplan con los requisitos del *MSSP*, y reúnan los requisitos para recibir beneficios de Medi-Cal, bajo las reglas de consideración especial, cuando vivan con un(a) cónyuge.

☐ Sus beneficios bajo este programa serán suspendidos, efectivo a partir del último día de _____.

☐ Su fecha de solicitud del _____ ha sido denegada.

A continuación se enumera(n) la(s) razón/razones del por qué:

☐ Su propiedad sobrepasa el límite de _____.

☐ El Departamento para las Personas de la Tercera Edad nos ha informado que usted ya no reúne los requisitos para los servicios de la extensión.

☐ Usted ya no está viviendo en el hogar, con su cónyuge.

☐ Otro: _____

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO (*BENEFITS IDENTIFICATION CARD—BIC*). Usted puede volver a usarla, si llega a reunir los requisitos, o si reúne los requisitos para otro programa de Medi-Cal.

El estatuto que requiere esta acción se establece en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Departamento para las Personas de la Tercera Edad

MC 366 (SP) (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

CALIFORNIA DEPARTMENT OF AGING (CDA) WAIVER REFERRAL

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Multipurpose Senior Services Program (MSSP) site: Please complete this portion and forward to the appropriate County Waiver contact person.

Name of applicant			
Address (number, street)	City	State	ZIP code
Social security number	Date of birth	Telephone ()	
Guardian (if applicable)			
Address of guardian (if different) (number, street)	City	State	ZIP code

Status

- ☐ New Medi-Cal applicant.
- ☐ Currently receives Medi-Cal with a share-of-cost.

Living Arrangement

- ☐ The applicant is currently in an institution. Please determine Medi-Cal eligibility based on his/her anticipated return to the community. Anticipated date of discharge: _____
- ☐ The applicant is currently living in the home.
- ☐ Other: _____

Eligibility Determination

If applicant/beneficiary is living or will live at home with his/her spouse and is property eligible and entitled to zero share-of-cost Medi-Cal under regular eligibility rules, spousal impoverishment rules are not utilized. If the applicant/beneficiary is property ineligible or has a share-of-cost, apply spousal impoverishment income and resource rules (i.e., institutional deeming rules) even if the applicant/beneficiary lives in the home. See Article 19D of the Medi-Cal Eligibility Procedures Manual.

This is to certify that the individual named above has met the admission criteria for a nursing facility as defined in the California Code of Regulations, Title 2, Division 3, Subdivision 1, Chapter 3, Article 4, Sections 51334 and 51335.

Signature of MSSP site contact person



Printed name of MSSP site contact person	Title	Telephone ()	
MSSP site address (number, street)	City	State	ZIP code

NOTE TO COUNTY: Please send a copy of the Notice of Action to the MSSP site when the determination is completed.

White: County Copy

Yellow: MSSP Site Copy

MC 354 (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Joyce Cooper Social Services Agency 1106 Madison Street, Suite 307 Oakland, CA 94612 (510) 267-9442 (510) 267-9428 FAX	Alameda
Regina Britschgi Health and Human Services 75-A Diamond Valley Road Markleeville, CA 96120 (530) 694-2235 (530) 694-2252 FAX	Alpine
Kim Crippen Department of Social Services 1003 Broadway Jackson, CA 95642 (209) 223-6569 (209) 223-6208 FAX	Amador
Gigi Gilbert Department of Social Welfare 42 County Center Drive P.O. Box 1649 Oroville, CA 94965 (530) 538-5149 (530) 538-6918 FAX	Butte
Connie McLain Department of Social Welfare 891 Mountain Ranch Road San Andreas, CA 95249 (209) 754-6444 (209) 754-6566 FAX	Calaveras
Nancy Montgomery Department of Health and Human Services Colusa, CA 95932 (916) 458-4985 (916) 458-5771 FAX	Colusa

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Sandy Baldwin Medi-Cal Program Analyst Employment and Human Services Department 40 Douglas Drive Martinez, CA 94553 (925) 313-1621 (925) 313-1758 FAX email: sbaldwin@ehsd.co.contra-costa.ca.us	Contra Costa
Carmen Chavez Department of Health and Social Services 880 Northwest Drive Crescent City, CA 95531 (707) 464-3191 (707) 465-1783 FAX	Del Norte
Midge Mortensen Department of Social Services 3057 Briw Road Placerville, CA 95684 (530) 642-7159 (530) 626-9060 FAX	El Dorado
Karen Sebilian Department of Employment and Temporary Assistance 4449 East Kings Canyon Fresno, CA 93750-0001 (559) 253-9177 (559) 253-9250 FAX	Fresno
Becky Hansen Human Resources P.O. Box 611 Willows, CA 95988 (530) 934-6514 (530) 934-6521 FAX	Glenn
Mary McCutcheon Department of Social Services 929 Koster Street Eureka, CA 95501 (707) 268-2785	Humboldt
Dora Juslin Department of Social Services 2995 South 4th Street, Suite 105 El Centro, CA 92243 (760) 337-6800 (760) 337-5716 FAX	Imperial

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Candy Ross Health and Human Services 914 North Main Street Bishop, CA 93514 (760) 872-1394	Inyo
Barbara Gause or Donna Dunkin Department of Human Services P.O. Box 511 Bakersfield, CA 93302 (661) 631-6094 (661) 633-7047 FAX	Kern
Aida Guzman Human Services Agency 1200 South Drive Hanford, CA 93230 (559) 582-3241 EXT. 4793 FAX 584-2749	Kings
Beverly Mangué Department of Social Services 15975 Anderson Ranch Parkway P.O. Box 9000 Lower Lake, CA 95457 (707) 995-4262 (707) 995-4204 FAX	Lake
Mary Polley Welfare Department P.O. Box 1359 Susanville, CA 96130 (530) 251-8148	Lassen
Rene Lima Department of Public Social Services 12900 Crossroads Parkway South City of Industry, CA 91745 (562) 908-3529 (562) 908-0593 FAX	Los Angeles
Candy Lopez Department of Public Welfare Madera County P.O. Box 569 Madera, CA 93639 (559) 675-2364 (559) 675-7693 FAX	Madera

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Pat McCormack Department of Health and Human Services P.O. Box 4160 120 N Redwood Drive, Rm 316 San Rafael, CA 94913 (415) 473-3547 (415) 473-3556 FAX	Marin
Becky Bradshaw Department of Social Services P.O. Box 7 Mariposa, CA 95338 (209) 966-3609 (209) 966-5943 FAX	Mariposa
Nancy Naumann Department of Social Services P.O. Box 1060 Ukiah, CA 95482 (707) 463-7828 (707) 463-7859 FAX	Mendocino
Mary Ellen Arana Human Services Agency 2115 West Wardrobe Avenue Merced, CA 95341-001 (209) 385-3000 EXT. 5488 (209) 725-3583 FAX	Merced
Pat Wood Department of Social Services 120 North Main Street Alturas, CA 96101 (530) 233-6501	Modoc
Julie Timerman Department of Social Services P.O. Box 2969 Mammoth Lakes, CA 93546 (760) 934-3511 (760) 924-5431 FAX	Mono
Yvette Grimes Department of Social Services 1000 South Main Street, Suite 208 Salinas, CA 93901 (831) 755-4407 (831) 755-8408 FAX	Monterey

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Darlene Washburn Health and Human Services 2261 Elm Street Napa, CA 94559-3721 (707) 253-4468	Napa
Cindy Lackey Human Services Agency P.O. Box 1210 Nevada City, CA 95959 (530) 265-1379 (530) 265-7062 FAX	Nevada
Maria Hernandez Social Services Agency 888 North Main Street, Suite 158C Santa Ana, CA 92701 (714) 541-7805 (714) 245-6188 FAX	Orange
Laurie Rodman Welfare Department 100 Stonehouse Court Roseville, CA 95678 (916) 784-6079 (916) 784-6100 FAX	Placer
Virgina Ekonen Department of Social Services P.O. Box 360 Quincy, CA 95971 (530) 283-6441 (530) 283-6368 FAX	Plumas
Sue de Jonckheere Department of Public Social Services 1605 Spruce Street Riverside, CA 92507 (909) 358-3992 (909) 358-3990 FAX	Riverside
Jennifer Sipe/Fred Tam Department of Social Services 2433 Marconi Avenue Sacramento, CA 95821 (916) 875-3731 (916) 875-3591 FAX	Sacramento
Alma Villasana Human Services Agency 1111 San Felipe Road, Suite 206 Hollister, CA 95023 (831) 636-4180	San Benito

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS

March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Candice Karpinen Department of Public Social Services 150 South Lena Road San Bernardino, CA 92415-0515 (909) 388-0280 (909) 338-0281 FAX	San Bernardino
Suzette St. Pierre Department of Health and Human Services 8840 Complex Drive, Suite 255 San Diego, CA 92123-1423 (858) 565-5029 (858) 565-3183 FAX	San Diego
Mary Adrian Department of Human Services P.O. Box 7988 San Francisco, CA 94120 (415) 558-1951 (415) 558-1841 FAX	San Francisco
Diane Luis Human Services Agency P.O. Box 201056 Stockton, CA 95202 (209) 468-1153 (209) 468-1985 FAX	San Joaquin
Christina Chow Department of Social Services 3433 South Higuera Street P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1897 (805) 781-1846 FAX	San Luis Obispo
Lorena Gonzalez Department of Social Services 400 Harbor Boulevard, Building C Belmont, CA 94002 (605) 595-7570 (605) 595-7576 FAX	San Mateo
Mysty Bonner Department of Social Services 1100 West Laurel Lompoc, CA 93436 (805) 737-7056	Santa Barbara
Janette Anastacio Department of Social Services 333 West Julian Street, 5 th Floor San Jose, CA 95110-2335 (408) 491-6700 (408) 975-4530 FAX	Santa Clara

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Nan Toy Human Resources Agency P.O. Box 1320 Santa Cruz, CA 95061 (408) 454-4142 (408) 454-4092 FAX	Santa Cruz
Janet Wright Department of Social Services P.O. Box 6005 Redding, CA 96099-6005 (916) 245-6464 (916) 225-5087 FAX	Shasta
Lori Wright Human Services P.O. Box 1019 Loyalton, CA 96118 (530) 993-6725 (530) 993-6767 FAX	Sierra
Collette Thornton Human Services Department 818 South Main Street Yreka, CA 96097 (530) 841-2708 (530) 841-2791 FAX	Siskiyou
Diana Perez Health and Social Services 275 Beck Ave MS 5-130 P.O.Box 5050 Fairfield, CA 94533-6804 (707) 784-8715 (707) 432-3548 FAX dperez@solanocounty.com	Solano
Kim Seamans Human Services Department 2550 Paulin Drive P.O. Box 1539 Santa Rosa, CA 95402 (707) 565-5304 (707) 565-5353 FAX	Sonoma
Mary Michael Department of Social Services P.O. Box 42 Modesto, CA 95353-0042 (209) 558-2525 (209) 558-2189 FAX	Stanislaus

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Denise Damm Department of Welfare and Social Services P.O. Box 1535 Yuba City, CA 95992-1535 (530) 882-7230 EXT. 218 (530) 882-7212 FAX	Sutter
Bobbie Stillwell Department of Social Services P.O. Box 1515 Red Bluff, CA 96080 (530) 528-4081 (530) 528-5410 FAX	Tehama
Marilyn Blackburn Department of Health and Human Services P.O. Box 1470 Weaverville, CA 96093 (530) 623-1265 (530) 623-1250 FAX	Trinity
Kathy Johnstone Health and Human Services Agency P.O. Box 5059 Visalia, CA 93278 (559) 685-4815 EXT. 246 (559) 685-4824 FAX	Tulare
Rebecca Espino Department of Social Services 20075 Cedar Road North Sonora, CA 95370 (209) 533-5746 (209) 533-5714 FAX	Tuolumne
Cecilia Taylor Human Services Agency 505 Poli Street Ventura, CA 93001 (805) 652-7522 (805) 652-7845 FAX	Ventura
Monica Perez Department of Social Services 120 West Main Street Woodland, CA 95695 (530) 661-2806 (530) 661-2847 FAX	Yolo
Robert Guerin Department of Social Services P.O. Box 2320 Marysville, CA 95901 (530) 749-6452 (530) 749-6281 FAX	Yuba